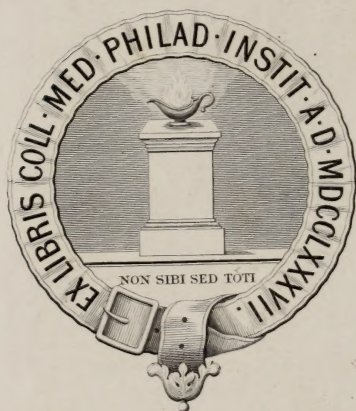



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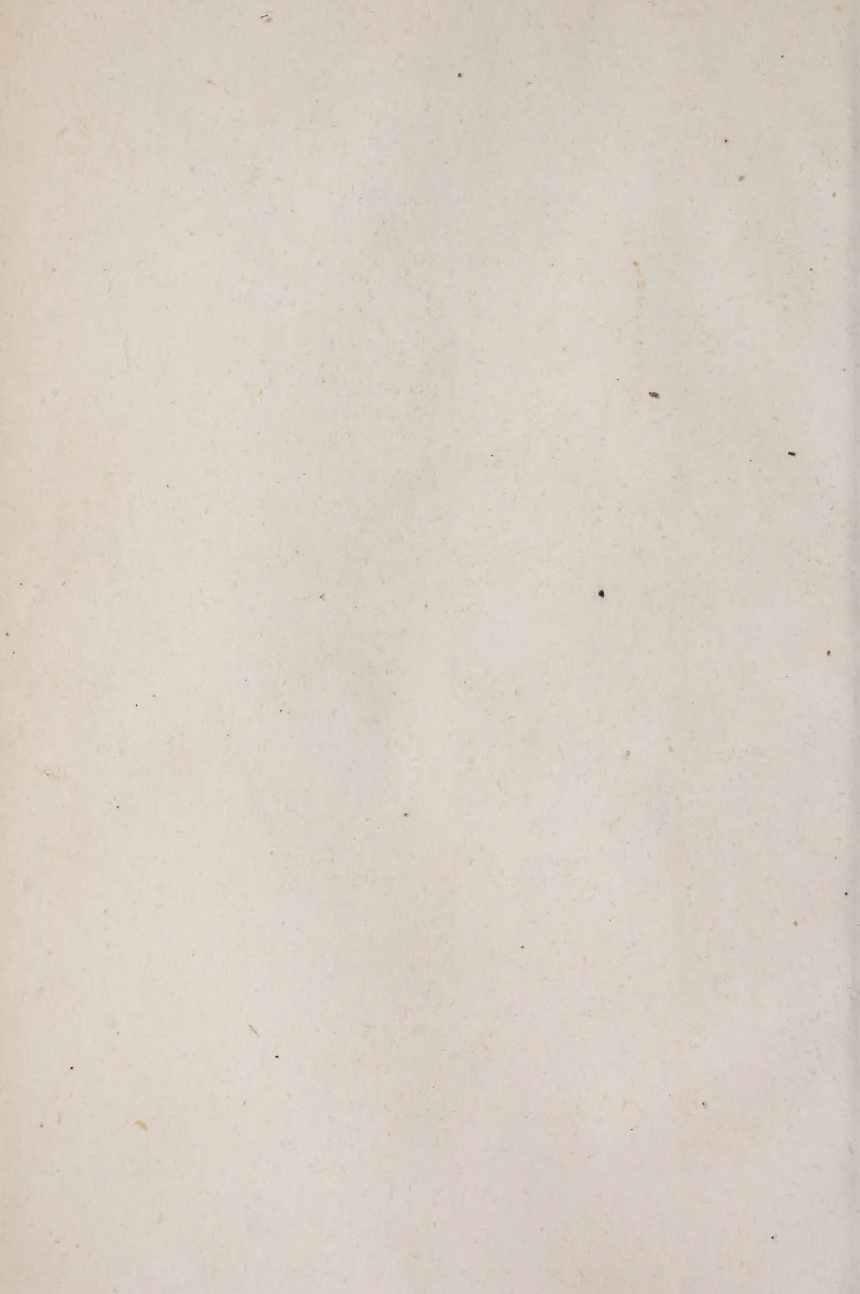
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EDITED BY RICHARD L. HOWARD, M. D.,
Professor of Surgery in Starling Medical College

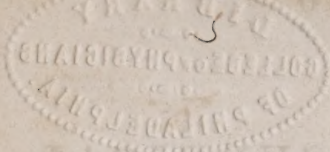


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EDITED BY RICHARD A. HOWARD, M.D.
Professor of Surgery in the University of Pennsylvania



VOLUME V.

THE UNIVERSITY OF PENNSYLVANIA

PHILADELPHIA

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No. 1.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*On some of the connections of the Medical and Physical Sciences.* A Paper read before the Cincinnati Medical Society, on Tuesday evening, January 6, 1852. By JOHN LOCKE, M. D., Professor of Chemistry in the Medical College of Ohio.

MR. CHAIRMAN: On the Continent of Europe, the term Physical Science is applied, almost exclusively, to mean the Natural Sciences, while Medicine and Medical take the place of Physic and Physical, as used by us to relate to the cure of diseases. It is entirely unnecessary for me to say to this Society of studious and experienced professional men, that there is a connection between Physical and Medical Science. They are already aware that the science of Medicine is, in a good degree, the perfected result of all the physical and ethical sciences combined, for the relief of pain, the cure of disease, and the promotion of the happiness of the human family.*

* Notwithstanding the obviousness of this proposition, Prof. DRAKE, who was present at the meeting, and who had for so many years been the advocate for the cultivation of the physical sciences as a means of promoting that of Medicine, informed the author that he had been opposed in this even by professors and teachers of Medicine.

Chemistry, one of the physical sciences, is a conspicuous branch of every well established system of medical education; and Natural History, so intimately connected with Chemistry, has scarcely an inferior claim to a conspicuous place.

Mathematics, and Mathematical Mechanics, have a more important application than most Medical Students are apprised of. The human system is a machine, combining the elements of all the mechanical powers, such as the lever and the inclined plane, of which the pulley, the wheel and axle, the screw and the wedge, are mere modifications. Acting on these, the muscles, by origin and attachment, are powers, and the executions done are the weights. These circumstances give rise to all of the equations and calculations to which such quantities are known to be subject. Again, there are few motions of the human body which are not the result of forces obliquely applied; and again, not of single forces, but of numbers of forces acting all in several independent directions. This calls for an application of the laws of the composition and resolution of forces generally.

Still further, most of these forces are varying during the time of their action, and continually changing the relations of the components of momentum, viz: weight and velocity. Then the higher powers of Mathematics, are called into requisition, and analysis and fluxionary calculations can alone meet the conditions. I shall, in the course of this paper refer to an example of an anatomico-mathematical problem.

Modern chemistry is a mathematical science, and, by means of the chemical equivalent numbers, is subject to the rules of proportion and the exactitude of equations. The literal equations by symbols, by which chemical transformations are presented in analytical and atomic accuracy to the eye, are so beautiful, so concise, so instructive, that they are destined to be the universal language of chemistry, of pharmacy, and of physiology, and that medical student who neglects to familiarize himself with them, will presently find the ordinary text books put forth in a language as illegible to him as the characters on a Chinese tea chest.

The beautiful apostrophe of Solomon is now seen as a prophecy, and the words "Thou hast ordered all things in measure, in number, and in weight," should be read as having a special meaning, and should be studied by the medical student until he can compare those sacred measures, these wonderful numbers, and these heaven-adjust-

ted weights, as if he were dealing with high and mighty things, on which the attribute of perfection is stamped as a seal.

Such now is the mathematical perfection of chemical science that we not only analyze and compose by equations, but we administer antidotes, and we may almost say that we furnish nutriment, with special reference to its equivalent assimilation, by special organs, and for specific purposes.

For example, in the pharmaceutic preparation of Precipitated Carbonate of Iron we have the following mathematical ratios:

As the equivalent number of Bicarb. Soda 76; any Quant. 16lbs of the same, so is the equivalent number of Protosulphate of iron 90 to 19 lbs. the mass necessary for composition. Or the same thing may be expressed in an equation; thus: Let A and B be two substances which are to be used for mutual decomposition; then the equivalent number of A multiplied into the proposed mass of B will be equal to the equivalent number of B multiplied into the corresponding mass of A.

I scarcely need allude to the Pneumatic principles of respiration, or to the Hydrostatic and Hydraulic principles of the vascular system.

An investigation of no small interest has grown out of the circumstances of cerebral circulation in relation to hydrostatical or mechanical compression. It is a well known physiological fact that if a considerable portion of the cranium be removed, and compression be applied to the unprotected brain, stupor is produced. The same effect is produced by compression resulting from fracture and depression, or from extravasation of blood or serum within the cavity of the cranium. The question may be asked, is that effect produced by mere pressure, causing stress and counter stress of the brain? If that be the case, then any increase of pressure over the whole soft surface of the body would cause the stupor; for, by the principles of hydrostatics, a confined fluid, as the blood in the vascular system, cannot be pressed upon in one place without an extension of that pressure to all other points with which that fluid is in contact. By this increase of pressure on the soft parts the blood would be forced interiorly into the brain until the mutual reaction between the blood interiorly and of the skull exteriorly would equal the increased external pressure. This effect might be produced by universal bandaging, or it would be more perfectly produced by descending in a diving bell. At the depth of thirty-four feet, the pres-

sure over the whole surface would be doubled, and the stress and counter stress on the brain would be increased to 15lb on every square inch of its surface. If the diver descend deeper, then the pressure will be increased, at the same rate, 15lb to every 33 or 34 feet of depth, and the brain will be pinched between its blood vessels and the skull at the same rate. Does this produce insensibility? By no means. The history of diving bells gives no instances of such effects, mentioning, as the only inconvenience of descending to the depth of 60 feet, a pain in the ears, which ceased after a little, the air finding its way into the Eustachian tube.

It seems then that the insensibility produced by compression is not caused by pressure and counter pressure, but it is caused by such a pressure as will diminish the bulk of the brain by expelling from it the circulating fluids, and producing partial inanition of the vascular system. It is well known how momentarily the brain is dependent on the function of its capillary system, and that the blood must not only circulate in that system, but that the blood thus circulating must be of the proper quality; it must be oxygenated, arterialized, or the consequences may be not only a suspension of the cerebral functions, but an irreparable injury, resulting in death. It seems that the human frame is so constituted in this particular of the cerebral circulation, that it will bear all the vicissitudes of pressure to which caprice or whims may subject it—even one half an atmosphere, or $7\frac{1}{2}$ lbs. to the square inch, or 4 atmospheres or 60 lbs.; because this pressure acts only on the blood, without changing the capacity of the blood vessels, or the quantity of blood contained in them, and acting both upon the arteries and the veins, leaves the capillaries in equilibrio, continually balancing itself.

But a pressure which shall act exteriorly and locally upon the various flexible envelopes of the brain, and thus detrude more or less the circulating fluids, will produce effects instantly perceptible, and effects which, by excess of force or continuance, will prove fatal. The insensibility caused, as the language is, “by compression,” is therefore insensibility caused by an interference with the functions of the capillaries, and in no way produced by pressure on the membranes, the cellules, or the fixed constituents of the cerebral mass.

I have presented this as one of the instances of legitimate conclusions drawn from the physical principles of hydrostatics.

Reference has already been made to one instance of anatomico-mechanical reasoning.

Most of the bones of the human body are acted upon as levers of the third class, the fulcrum being at one end, as the elbow, the weight at the other, (a weight in the hand,) and the power, (the biceps muscle) inserted between. This sort of lever acts to advantage as regards velocity, but to disadvantage as regards power, viz: when the biceps flexor contracts to lift the weight in the hand, it must necessarily exert more force than the weight lifted, but it lifts the weight with greater velocity than itself moves with. In this case as in levers generally, the equilibrium takes place when $wt. \times$ into $vel. = P. \times vel.$; or, substituting two quantities proportional to the velocities, $wt. \times$ distance from elbow $= P. \times$ distance from the same fulcrum, viz: the elbow.

But there is an instance of a lever of the second class having the fulcrum at one end, the power at the other, and the weight to be lifted between them. This lever is the foot, in which the toes, resting on the floor, are the fulcrum; the tendo Achillis, acted on by the gastrocnemius, the power, and the weight of the body resting on the ankle-joint, the weight to be raised.

It would seem at first view as if the calculations on this lever were very easy, and the tendo Achilles acted to great advantage, exerting itself with a force less than the weight of the body to be lifted, as 7 is to 9—9 being the distance from the toe to the heel, and 7 the distance from the toe to the ankle. All this would be true if the gastrocnemius had its origin at some fixed point extraneous to the body. But the origin of that muscle being on the femur, when it contracts to draw up the heel and thus to lift the body, it exerts the same force upon the leg, to pull it down upon the ankle joint. In this operation it counteracts its own exertions, in a degree, like a man attempting to lift himself by pulling at his own bootstraps, as a student of the M. C. O. has expressed it in his thesis.

To reduce this problem, and to find the force which the tendo Achilles exerts to raise a man weighing 200 lbs. on tiptoe requires a very neat simple equation.

Let $x =$ the unknown force of the tendon. Then multiplying that force into the distance from the fulcrum, (9 inches,) we have one side of the equation, $= 9x$. The other side of the equation will be the weight of the man. (200lbs.) and added to that weight the downward or reacting pull of the gastrocnemius $= x$, or $200 + x$.

This compound quantity multiplied by its distance from the fulcrum, (7 inches,) will be the other side of the equation:

$$\text{Thus: } 9x = (1400 + 7x)$$

$$9x = 1400 + 7x$$

$$9x - 7x = 1400$$

$$2x = 1400$$

$$x = 700$$

An active young man would hop on one foot and spring up three feet by this lever. Now it takes the same force to throw a body upward to a certain distance as it does to stop the same body when it has fallen back again through the same distance. The exertion on the tendon of the heel would then be the same as to tie 700lb to a rope, fasten it with a slack of three feet and letting it drop to fetch up suddenly when that rope is straight. This is no trifling force, and no wonder the cord is sometimes snapped by violent exertion. But how beautiful is the elastic spring of this tiptoe vaulting, and how softened and modified is the alighting again upon the springing arch of the foot—the muscle letting the body down as if it had alighted on a cushion of India-rubber. The same student to whom I have alluded, uses the happy phrase, that the mechanism above described constitutes a machine “which lifts itself.”

We come next to a field of Physico-Medical investigation, which, although the first steps are clear enough, still extends remotely into the shadowy confines of human investigation, there in blue distance exciting the imagination with wonderful pictures, and inviting the pioneer to explorations of realization. I mean the subject of polarization and molecular action.

By polarization, is meant a property which substances acquire parallel to some given axis differing from the properties parallel to any other axis. The polarization may be such that one end or pole may differ essentially from the other, as in the magnet, in which we have a north pole at one end, and a south pole at the other; or in the tourmaline, in which we have, by heat, an electro-positive pole at one end and an electro-negative pole at the other. But we may also conceive a polarity to be such that the two ends of the axis shall have the same properties; and such is supposed to be the polarization of light, in which the axis is transverse to the beam giving to it a *right* hand and a *left* hand *side*, which, although they are alike, yet they differ from the upper and lower sides. Indeed, we can actually make a steel magnet

which shall have a similar pole at each end, with a common opposite pole in the middle.

MOLECULAR ACTION, is a term signifying a change occasioned by action of the ultimate particles of bodies. Atomic changes take place either by combination of different kinds of atoms with each other, giving rise to all the wonderful results of chemical science, or by some change of the homogeneous atoms of the same substance, by which it acquires, loses, or changes, polarity. Temporary properties may also be acquired by undulation or vibration of the ultimate atoms. The properties of bodies are the result of their molecular condition.

Molecular changes are the cause of polarity. Hold an iron bar in the line of the magnetic dip, and it becomes a magnet which, in this latitude, will have the north pole downward. Call this lower end A, and the upper end B. Invert the bar, and instantly the polarity will be inverted—the end A, which had been the north pole, becoming the south pole, presenting again the lower end of the bar as a north pole. Now, a magnet may be cut transversely into several pieces, and each piece will still be a magnet. If this subdivision may be carried to its ultimate, then each ultimate atom would be a magnet, having an axis and poles. If this be the case, and the axis and poles of each atom be permanent, then the inversion of the polarity of the bar of iron implies a semi-rotation of each ultimate atom. Nor is this view at all inconsistent with a rational theory of the atomic condition of a *solid* body like iron, in which the ultimate particles are supposed not to be in actual contact, but only to be held within a fixed distance by cohesive attraction, that distance varying a little with the temperature. Each atom may therefore be supposed to be free to rotate either continuously or temporarily. There are good reasons to suppose that, in a magnetized body, the molecules are in a state of rotation, each about its own axis, and each with its axis parallel to the axes of others. This rotation may be either dextrorsal or sinistrorsal, and a change from the one direction of rotation to the other, would account for the reversals of polarity. The difference between a magnetic and a non-magnetic condition, may be caused either by quiescence of the molecules in the one case, and active rotation in the other. Or, if we suppose rapid rotation to be inseparable from the atoms, and that they are incapable of a state of rest, then the non-magnetic condition of a body would imply a rota-

tion destitute of parallelism, either with reference to position of axes, or direction of rotation.

When that molecular change takes place which magnetises a body, demagnetises the same, or causes reversal of polarity, we should naturally expect, at the instant of change, some strong developments. These do not fail to occur; for, if the magnet be surrounded by a suitable helix of insulated wire, an electric shock darts through that wire at every change of magnetic condition.

Here magnetism and electricity are co-related, and may act mutually as cause and effect to each other.

In a helix-bound bar of iron, a current of electricity, in the helix, will cause magnetism in the bar; and magnetism introduced into the bar, will cause electricity in the helix. Heat is, in a similar manner co-related both to magnetism and to electricity.

The above theory of rotation of atoms, grows out of the fact that a current of electricity, rotating vortically around a bar of iron, develops the strongest magnetism; and, if the vortex be changed in its direction, then the polarity will be changed, as in the common electro-magnet. Prof. Page constructed a massive helix of copper fillet, piled several times over itself in repeated layers, and placing it vertically, inserted the end of an iron cylinder weighing 500 lbs. into the lower end of it. On sending a strong current of electricity through the helix, this massive bar was caught up and held vibrating, freely suspended in the axis of the coil, balanced in air, and touching no solid substance.* Such is the force of mutual molecular action. Indeed we must look to molecular or atomic action as the cause of every physical force. Winds in the atmosphere, currents of rivers, waves of the sea, the tossings of volcanoes, and the miniature powers of art, such as the force of gunpowder, and the power of steam, owe their activity, either immediately or remotely, to the ultimate molecules of the substances concerned; not merely as those molecules are essential to the existence of the substances, but to the changes, the motions, the functional activity, which by them are ever being performed. We talk of "brute, dead, inert matter." There is no such thing in the universe; every atom

*Although such was the effect on iron, yet, when a living man was substituted for the bar, by being placed in this whirlpool of electricity, no perceptible physical or physiological effect was perceived.

is alive and performing active functions. In a mass of animal putrefaction, the atoms are dissolving old combinations and forming new ones, to move off in several directions for the purpose of building up new creations.

The principles of what is called in physical science, INDUCTION, may be applied to account for physiological phenomena. By induction, is meant a molecular effect produced apparently at a distance from the cause. Thus the electricity in the helix which lifted the mass of iron in Prof. Page's experiment, operated on the iron by induction; for the helix did not, or need not, touch the iron which is lifted. If a glass tube be rubbed with amalgamated leather, it will produce divergence in the leaf of a gold leaf electrometer at the distance of 20 feet, and that too, whether the electrometer be suspended in a vacuum, placed on a table in the open air, or be enclosed in a globe of glass. Thus the inductive influence seems not to be varied by the interposition of either vacancy or the most dense medium. Now, as "matter cannot act where it is not"—cannot be in one place and act in another, without a continuous medium, we infer that these inductive influences have some unknown subtile ether through which they manifest themselves.

[Here the author of the paper made some experiments showing the inversion of polarity of an iron bar, by inverting its position in the line of the magnetic dip. He also gave a brief definition of the polarization of Light, and showed several experiments of polarization, both by reflection and transmission. He also observed that light, by being reflected from certain bodies, carries with it certain properties to any distance, and thus becomes a medium, to a limited extent, of transmission of the qualities of the bodies it has impinged upon.]

It will be anticipated that these allusions have a bearing on the phenomena of the functions of the nervous system in animals.

It appears, in physical science, that the great polarizing power holding a supreme control over molecular action, is electricity, especially in the modification called galvanic or voltaic. Without dwelling upon the innumerable instances of this, in lifeless matter, permit me to point at once to its physiological relations.

Animal bodies, by virtue of the water which they contain, are conductors of galvanism, which, in its course through a living animal, produces a great variety of effects, according to its intensity. All of the five senses are affected. A single filing of zinc, and a corresponding one of silver, gold or platinum, in the mouth, produce gal-

vanic taste ; very small elements produce the sensation of flashes from the eyes. Smell and hearing may also be modified, and the common sensation of feeling can be excited to the most intolerable pain, or even beyond pain to an overpowering insensibility, paralysis, or even to death itself.

Not only is the living body a conductor of galvanism, with strongly marked phenomena ; but in many, if not in all animals, there is a physiological source and fountain of galvanism—a physiological battery, which, in the electrical fishes, is intimately connected with the nervous system, and is under the control of the volition of the animal, being charged and discharged at his pleasure.

Galvanism, too, is capable of rousing the last traces of vitality in an animal recently killed. Spasms being excited by slight currents, even the atmospheric air, acting upon the subcutaneous muscles of a beef recently deprived of its skin, throws them into continued spasms. All these things suggest the conclusion that all the physiological developments of animals—in other words, the phenomena of life, of vital action, may be the result of modified galvanic action. Indeed the electro-chemical view of Davy, which has never been subverted, seems to settle this question conclusively, as it regards the fact of continued physiological galvanic action. According to Davy's view, there is no chemical action unaccompanied by electrical action. Every day's investigation confirms more and more the view that the transformations continually going on in animals, are decidedly chemical—that arterialization, digestion, assimilation, sanguification, secretion, excretion, &c. &c., are chemical actions modified by the incomprehensible apparatus in which they are performed. We have the evidence that these actions are chemical, in the fact that the transformations are all performed definitely, according to the laws of chemical equivalency.

It follows then, according to the Davian theory, that, inasmuch as the actions are chemical, they are also galvanic.

It is not without good reasons that the nerves have been supposed to be conductors of galvanic currents ; and the experiment of Wilson Philip, by which he substituted a galvanic battery for the brain, and made it perform in a single instance an equivalent function, goes very decidedly to confirm this view.

All the circumstances above alluded to, have not failed to call forth all the ingenuity of physical research to obtain direct evidence of an actual physiological current of electricity in various parts of

the body and especially in the nerves. The most delicate galvanometers have been connected with animals, completing various circuits, as with muscle and nerve, and the animal has been put to a variety of exertions—the muscles have been caused to contract violently, and the nerves have been waked up to their strongest sensibilities by torture, even by actual cautery, still no positive evidence of such currents has been obtained, independent of chemical action at the contacts.

That we have not detected the currents of electricity in the bodies of animals, does not prove their non-existence; for electricity is subject to such wonderful modifications, by the conditions of quantity and intensity, that we know it sometimes exists, and still is inappreciable by even the most delicate electroscopes.

MATTEUCI, the philosopher of Pisa, in Italy, has investigated the subject of physiological electricity with more delicate means and with more success than any other experimenter of modern times. Some of the positive results obtained by him are of the highest practical value. None are more so than the distinct classes of effects produced by what he terms the direct and the inverse currents, produced by battery power, conducted through a living animal.

The current is said to be direct when the positive pole of the battery is placed over the spine, or nervous centre, and the negative over the ramifications of the nerve. The reverse position gives the inverse current.

I prefer the terms centrifugal and centripetal currents—centrifugal, when it flows from the brain or spine towards the extremities, and centripetal, when the course is reversed, viz: from the extremities towards the centre.

The great principle which Matteuci has established, is this:

That a centripetal current increases the excitability of the nerves, and causes a nerve along which such current acts, to be more active in its functions after the electrization than it was before; and that the centrifugal current exhausts and diminishes nervous excitability; as if the current carried nervous excitability with it, accumulating it centripetally, or dispersing it centrifugally.

The practical application of this knowledge is evident. In diseases of loss or diminution of nervous power, as in paralysis, centripetal electrization should be resorted to until nervous power or excitability should be accumulated.

On the other hand, where there is an unhealthy increase of nervous power, as in tetanus, hydrophobia, convulsions, epilepsy, neu-

ralgia, centrifugal electrization, is indicated in order to disperse the excitability and induce a comparatively exhausted condition of the nerves. The common electrometer is unfit for these purposes, because it causes the current to be vibrated first in one direction and then in the other with great rapidity. But one of those machines, with a rheotome, might be useful.

Matteucci arrived at these conclusions inductively, by a variety of experiments. In one case he cut off the hinder legs of a frog, without separating them, leaving a portion of the spine and pelvis still to connect them. He then connected the positive pole of the battery with one foot and the negative pole with the other, thus passing a current of electricity up one leg and down the other. Such a current would be centripetal in one leg and centrifugal in the other. The result was that the leg with the centrifugal current became exhausted in a few minutes and ceased to contract on breaking the circuit; but the leg with the centripetal current continued to be susceptible much longer, for hours even.

If two separate legs of the same frog be experimented upon, the one centripetally and the other centrifugally, the last (centrifugal) will be exhausted in twenty minutes, and will cease to contract while the first (centripetal) will contract as vigorously as at first, even after the lapse of three hours. So much was the excitability of the limb centripetally treated, accumulated, that after the circuit was broken a spasm ensued and the limb drew itself up in the manner of tetanus, and remained in this spasmodic cramp for several seconds.

Matteucci found that in some cases when a centripetal current was transmitted along a sensory nerve, producing pain, there would be a consequent reflex current along a motor nerve, producing spasms.

The field which I have here opened is a wide one; too wide to be even generally glanced at in the limited time allowed for a single paper. So far, I have presented to your view what is received as unquestionable science. I ask to be indulged in a few speculative suggestions, rendered plausible or even probable by the subjects just now discussed.

The consistence of the nervous system, including the brain, the spinal cord and the trunk of the nerves, is that of a soft solid, extremely susceptible of molecular impressions and of polarized changes. The direct, distinct and isolated course which the nerves pursue from one functionary point to another, is indicative of conductors of undulatory action in an elastic medium, and of an action

propagated continuously and rapidly without any actual current or transportation of any material substance whatsoever, the movement being merely undulatory. It seems not unphilosophical to suppose then, that the functions of the nervous system are performed by the magic powers of molecular influence ; that when an agent impresses our senses, that impression consists in an indescribable molecular action borrowed primarily from the impressing agent, and propagated continuously from the sense to the brain; and that voluntary intelligence in a like manner exerts itself as a cause of a special molecular action, which is in a similar manner transmitted to the organs of motion, exciting such contractions and relaxations as may be predetermined at the prime impulse. It is not pretended that this molecular or polarizing action is galvanic, but it is something analogous to that.

In confirmation of these views, we have several intimations from transcendental or microscopic anatomy. My attention was drawn to some of these points, a few weeks since, by Professor Carter, of Columbus.

Although familiar with the physical doctrines of molecular action, both by combination and polarization, yet the application of these elements to the solution of physiological phenomena, was first suggested to me by Dr. Carter, in a very brief conversation. He it was who drew my attention to the structure of the Pacinian bodies and to the investment of the nerve by the white substance of Schwan, in some parts, and its destitution of it in others. It is to be hoped he will publish his views on the subject.

It is known that the ultimate fibre of the trunk of a nerve consists of a concentric or tubular structure. "It is distinctly tubular, being composed of an external membranous sheath, within which the peculiar nervous matter is contained."—(Carpenter, Section 243.) This membranous sheath is double, having a peculiar white lining substance, called the white substance of Schwan, which is present in the general course of the nerve trunk, but is absent from the part where nervous function is to be performed, as in the lips, and is absent also from the Pacinian bodies. The contents of these elementary tubuli, constituting a nerve trunk, are semi-fluid, so soft that they will escape from a cut end, or bulge out from a lateral opening, or separate into knots by being slightly and unequally pinched.—(See Carpenter's Physiology, Section 143, Fig. 113.) The language and terms of description of this essential part of the nervous tubuli, is objec-

tionable, because it gives the erroneous idea that it is a mere line. Carpenter says: "The centre or *axis* of the tube is occupied by a substance which preserves its transparency; and this is the axis cylinder of Rosenthal and Purkinje." The thing is more like an intestinal tube, filled with semi-fluid contents.

The Pacinian bodies are oval or spheroidal organs, having numerous concentric layers, enveloping each other like the coats of an onion. The central cavity of this body is the terminus of a nerve-fibre which enters this fruit-shaped body as if by stem or pedicle, losing at the same time the white substance of Schwan, and terminates in the core. Blood vessels pass also through the pedicle and ramify tortuously amongst the concentric laminae.—(See Carpenter, section 248, fig. 120.) We cannot contemplate this organ, without the impression that it is an originating or a receiving organ; for it is the origin or the terminus of a nerve-fibre, a kind of little brain. To the structure of this organ, Prof. Carter drew my attention, and suggested its similarity to a Galvanic or rather Voltaic battery, which might originate some kind of undulatory or molecular action. This, with other interesting remarks of his, in a few minutes brisk conversation, was the germ of a part of this paper.

Since writing and reading this paper, I have read an article on the Co-relation of the Physical Sciences, in which there are remarks on the co-relation of Electricity and the Nervous power. The similarity of galvanic electricity and the nervous power did not fail to suggest itself to Galvani himself; and Carpenter, after a brief discussion of the arguments for and against their identity, concludes in the following words: "Hence we may regard them, to use Prof. Grove's term, as closely *co-related*, though not identical." I find, also, the following note, which shows how liable we are to expose ourselves to the charge of plagiarism, where we have not read all that has been published, and where, by the combination of the same elements of knowledge, we arrive at conclusions identical with those of other persons; as two algebraists, by having the same data, would arrive at identical results, though they might pursue different routes in the investigation. In this note, I find the very language which I have used anticipated; such as the terms "*Molecular change*" and "*Polarized state*." The note is as follows:

"Although, for the sake of convenience, Electricity and nervous power are spoken of here and elsewhere, as actual *entities* or *agents*, travelling along the wires or cords that conduct them, it must not be forgotten that the present tendency of scientific inquiry leads us to

abandon such an idea, in the former case at least ; what is commonly termed the *transmission* of electricity being the result of *molecular change*, instantaneously occurring along the whole length of the conducting body, in virtue of a disturbance, in the *polar* arrangement of its particles, at one extremity, which causes a similar disturbance to manifest itself at the other. Thus if

ab ab ab ab ab ab ab ab

represent the arrangement of the particles, in the condition of equilibrium of quiescence, and this condition be disturbed at one extremity, by the operation of a new attraction upon the first particle *a*, a new arrangement will instantaneously take place throughout: this may be represented by

a ba ba ba ba ba ba ba b

which shows *b* in a free state at the opposite end, ready to exert its influence upon any thing submitted to it. It is probable that in this respect there is an analogy between the Nervous and electrical forces; and that, instead of speaking of the ‘transmission of nervous influence’ along the nerve, we should describe the change as the production of a ‘polar state’ in the nervous trunk: as first pointed out by Messrs. Todd & Bowman, (*Physiological Anatomy*, vol. 1, p. 240.)”

I would remark, on the above illustration, that it may be applied to show the undulations of an elastic medium, as the formation of successive concentric shells, of condensed and rarified substance, caused by a sounding body, propagating themselves as a pebble thrown into a lake propagates circles of waves on the calm surface. Any such illustration of molecular action must necessarily be but an imperfect one; for we may suppose the atoms to be capable of rotations on their axes in all possible directions and with an infinite variety of velocities, capable also of describing small orbits, circular, elliptic, or oscillatory like a pendulum, and these orbits to have their planes in all possible positions, and, finally, we may suppose all possible combinations of all of these conditions, producing an incalculable variety of motion.

With regard to the apparently simple series of *ab*, *ab*, &c., as above, you may suppose the particles represented by *a* to be stationary, and those represented by *b* to be vibrating in equal times when you will have *ab* at one extreme and *ba* at the other; or you may have the same result from a synchronous vibration of both *a* and *b*, by alternate motions. You may also suppose *a* and *b* to be alternate pendulums, of unequal lengths and oscillating in unequal times in such

manner that when they are started, the *a*'s to the right and the *b*'s to the left, the combinations shall be continually changing, so as to tax the ingenuity of the mathematician to predict what will be the condition of the series at any given time. There will be *ab* at one point of the series and *ba* at another, at the same moment. Sometimes, again, a given pendulum will be at its lowest point while the two contiguous ones shall both have approached most nearly to it, forming the combination *aba* or *bab*. Finally, this simple arrangement gives rise to all the complications of cycles and epicycles, which we have in astronomy; and the problem of how many vibrations any one pendulum must perform before all of them would come to the original condition of the *a*'s to the right and the *b*'s to the left, would be similar to that of a conjunction of all the planetary bodies.

But all of our reasonings with regard to the *exact* functions of ultimate particles, although they may be very ingenious and may develope theories which will account tolerably for the phenomena at present known to us, must still be comparatively rude and untruthful in fact.

Thus it seems the nerves have two distinct terminal organs, one for originating an action and the other for receiving it, the one active and the other passive, the brain being capable of both these functions, but through distinct and separate conductors. Through the sensory nerves the brain is acted upon, and through the motor nerves it is itself an originating active agent. The ganglia and the Pacinian bodies are also functional organs, either active or passive. But the connecting trunks are mere conductors from one functional extreme to the other, in the same manner as the larger arteries and veins are mere conductors of the blood, without performing any essential function of the circulation, those essential functions being performed in the extreme ramifications called the capillaries.

The anatomist traces the motor nerves into the muscles, where, instead of losing themselves in extreme subdivision, they appear to return in loops, [as figured in Carpenter, p. 199.] But it has been found, by close microscopic examinations that in some cases the nerves, "at their peripheral terminations, are subdivided into remote fibrillæ, which lose themselves to sight in the tissue to which they are distributed," as in the margin of the lips, where they are destitute of the white substance of Schwann.

It has been suggested that the nerves discoverable in the muscles, are not sufficient to account for the universal contractions of

the muscular fibres, which are supposed to be the result of the commands of volition transmitted through the telegraphic wires of the nervous system. If we regard the nervous influence to be molecular or a species of polarization, it is not necessary that there should be a nerve to every fibre of muscle; for, as in physical science we have inductive action, or in other words, an effect produced at a distance from the apparent cause, as if matter acts where it is not, so in the molecular agency of the nervous system, there may be some universal ether brought into action which shall diminish inversely as the squares of the distances from the exciting cause. The nerve may terminate at a given point A, in a muscle, but it may excite ethereal polarity of an efficient intensity to produce contractions throughout a sphere extending to B. This would be perfectly analogous to the numerous instances of induction witnessed in physical science.

In this speculative view by which the idea of a nervous fluid is substituted by that of an undulating medium, I have but extended and generalised what has already been fully admitted in particular cases. The effects of light, and the difference between light and darkness, are now attributed to the undulations or quiescence of an ethereal medium always present. It follows that vision, or the impression of light on the eye is the effect of corpuscular or molecular vibrations, acting on the retina.

With regard to the analogous sense of hearing, the impression is positively and demonstratively known to be the result of undulation, —not of an imaginary ether, but of a tangible, elastic medium, viz: air. We feel perfectly satisfied that these vibrations of the air are propagated along the auditory nerve to the seat of the mind, and that luminous vibrations are in a similar manner propagated from the retina through the optic nerve to the sensorium commune. In two instances the nervous function is performed through the medium of molecular action. All that the theory which I have suggested proposes, is, the extension of this mode to all the other senses, and to all nervous transmissions whatever.

Thus, Mr. Chairman, instead of the high function of presenting your society with the new results of well directed researches, I have endeavored to acquit myself in the humbler labor of exciting our younger and active members, who have a long life of glorious results before them, to those points of Medico-physical investigation, which are now calling for the talent and ingenuity of the world, with the

hope that they may be induced to embark successfully in the same laudable labors.

It may seem to us that Medical Science has now come to its *ne plus ultra*—that no further improvements are to be made. Be sure that this is not the case. The activity of physical science will open new fields of wonder, and will apply even the simple principles of elementary knowledge to such novel and delightful uses as shall appear as if new agents had been created or discovered. How the simple and almost self evident principles of Acoustics have grown into the beautiful science of Physical Diagnosis—how Chemistry and Pharmacy have become mathematical sciences by the Daltonian discovery of definite proportion—how have the measured strength and concentrated efficiency of remedial agents been advanced by the Pelliterian chemical discovery and manufacture of the vegetable alkaloids. How has life itself been lengthened and felicitated by systematic sanitary regulations, in the removal and destruction of public nuisances—the purification of the air by ventilation, and the general observance of Hygiene, a field in which medical science has more than doubled the obligations it has laid upon society. How has the discovery of the essential agent of burnt sponge in case of scrofulous diseases, removed one of the worst of the opprobria medicorum? How has the substitute of cuticle in the simple article of collodion, simplified the treatment of wounds!—and how have we realized a poetical vision of the waters of Letheon in anæsthetic agents, by which pain and agony are placed under our control! All these things, which are now the half of the whole of medical science, have been added since I received my diploma, and I dare predict as many more will be added in an equal number of years to come.

The profession of Cincinnati have for a long time been celebrated for *Bella Medicales*, and it is now to be hoped that there will, henceforth, be no contentions, except in the honorable emulation of attaining a full insight into such knowledge as now actually exists, or in elaborating new knowledge by successful research—knowledge which will transmit the name of its discoverer gloriously, to the remotest periods of human existence.

NOTE.—The Society having requested a copy of the preceding paper for publication, the author expressed his willingness to com-

ply, upon the condition, however, that he obtained the permission of Prof. CARTER, to whom reference has been made in the paper. Application being made, Prof. CARTER very promptly returned the following courteous reply:

COLUMBUS, January 18, 1852.

PROF. LOCKE:

My Dear Sir: I seize the first moment of leisure to thank you for the kind note of the 11th inst. I need hardly assure you that it would afford me much pleasure to read your paper referred to, and that I hope to do so, at least so soon as published. To that publication I can have no possible objection, while I owe you thanks for deeming any suggestion of mine in a casual conversation worthy of your remembrance and acknowledgment.

It is true that the mode of the actions of the various nervous systems has been, among other things, a subject of thought and investigation with me, and at some day, I hope not very far distant, I shall have prepared my views for publication. * * *

Very truly, your obliged,

FRANCIS CARTER.

ART. II.—*Cholera Infantum, or Coma from Exhaustion.* By SAMUEL G. ARMOR, M. D., *Prof. of Pathology and Practice of Medicine in the Medical Department of the Iowa University.*

Observation and reflection having satisfied me that hundreds of little patients annually fall victims to erroneous views of the nature and treatment of *Cholera Infantum*, is my apology for adding a few suggestions to what has been already ably written in all our standard authorities. I would not assume, however, in thus adding to what has been written, to be the originator of a new pathology or practice. It is my desire merely to add my testimony to the observations of eminent gentlemen of the profession, whose views on this subject I regret are not more generally known and received.

The affection sometimes comes on suddenly without any premonitory symptoms of its approach, thus resembling the *Cholera Morbus* of adult life. But it is much more usually gradual in its approaches, advances slowly, and is associated with a previously debilitated state of the system. Healthy, vigorous children of the

country are not so subject to it as more delicate children of the city, nor are well-fed and well-aired children of the country so liable to it as those who have imperfect nourishment, and who inhabit damp, miasmatic, or illy ventilated abodes.

Symptoms, Course, &c.—These vary somewhat in individual cases, and in the several stages of the disease.

First Stage.—The most obvious phenomena in the early stage of the disease, are profuse diarrhœa, the discharges generally of a light or pale yellow or green color, soon followed by extreme irritability of the stomach and violent vomiting. At first the tongue is generally covered with the usual thin white fur, indicative of gastric derangement. In the more advanced, or rather *chronic* stage of the disease, it often presents a dry red or polished appearance.

Soon after the accession of the disease, the feculent or diarrhœal discharges are followed by a colorless, inodorous fluid, sometimes containing small floculi of mucous, and discharged without any apparent effort or pain. Tormina and tenesmus are not, however, at all times absent. This symptom depends upon the inflammatory complication of the large intestines, which cannot be regarded as a frequent lesion in this affection. The food and drink taken by the little patient, pass off rapidly without undergoing any change.

Second Stage.—The symptoms which have been enumerated are soon followed by those of prostration. The infant becomes speedily affected with extreme languor, the countenance becomes pale and contracted, the cheeks cold, the skin blanched, the eyes fixed and sunken, the lids half closed, the pupils unmoved by the approach of light, the voice husky, and the breathing irregular and affected by sighs.

The thirst is now very great, the abdomen more or less tympanitic, and the fauces dry, the latter condition giving rise to another very usual symptom mentioned by authors, namely, “the thrusting the fingers, nay, almost the whole hand, into the back part of the mouth, as if desirous of removing something from the throat.”

The patient, if not speedily relieved, soon passes into a stage of complete exhaustion, followed by coma and death.

Pathology, Etiology, &c.—Having enumerated a few of the most prominent symptoms, and their usual order of development, other and more important questions present themselves as to the nature of

the disease and its cause, and upon the proper solution of those, often depends the life or death of the patient.

What relation do the symptoms of the second stage sustain to those of the first? Are the cerebral symptoms proto-pathic or deuto-pathic manifestations? This is the principal object of our inquiry at present, and, as it relates to the question of *cause* and *effect*, its importance must be very apparent. For if the cerebral disease be *primary*, then it demands our *first* attention. If, *secondary*, then, by judicious treatment, it may be anticipated, arrested, and the cause of death thus averted.

Thus it will be seen that our *practice* will be very much influenced by our conceptions of the nature of the disease; for if the coma, which is regarded as the foreshadowing of approaching dissolution in this affection, be in fact the result of *active* cerebral or meningeal inflammation, the disease, therefore demands active antiphlogistic treatment. But if it be the result of pre-existing causes of a *debilitating* character, it is a matter of momentous importance that we should enquire into the cause of the debility, and adapt our treatment accordingly.

In the relation of symptoms, it will be remembered that the first indication of the disease is usually diarrhœa, soon followed by profuse watery evacuations, irritability of the stomach, vomiting, &c. Without stopping to enquire into the etiology of the affection, I will simply repeat the common observation, that it is a disease peculiar to the hot summer and fall months, and most exclusively confined to the period of primary dentition. We are led to infer, therefore, without further inquiry, that the disease is, primarily, gastric and abdominal, not cerebral—and if we push our investigations further, we are confirmed in our opinion by the local lesion present. The vessels of the liver, stomach and bowels, are found engorged with blood, and the gall-bladder distended either with a colorless fluid or viscid bile—lesions corresponding with the watery discharges, irritability of the stomach, &c., characteristic of the *first* stage of the disease. It is only in the more advanced stages that we find other lesions of the mucous membrane.

Although I readily admit that, in the early periods of life, and especially during the period of dentition, there is a strong proclivity

to diseases of the brain, so much so that we should never lose sight of this usual complication in *all* infantile diseases—yet I submit that, as a general thing, cerebral symptoms are *secondary* manifestations in Cholera Infantum. Nevertheless, many of our standard and reputable authors incline to a different opinion. Dr. Eberle, in discussing the pathology of the affection, in his excellent treatise on the Diseases of Children, alludes to “the tendency of cerebral irritation, to give rise to inordinate irritability of the stomach and bowels,” and is careful in impressing the necessity of “obviating,” by cupping and other depletory measures, “the sanguineous congestion of the brain;” thus conveying the impression that it is a disease inflammatory in its origin, and must be treated on the same general principles that we would treat a case of acute hydrocephalus. The suggestions, abstractly considered, are correct, but their misapplication, in the disease under consideration may lead to fatal results.

Varieties.—There are two conditions which give rise to coma as a symptom, as there are, indeed, two forms of hydrocephalus—the one anæmic, the other inflammatory. Dr. Marshal Hall has, I think, very clearly pointed out these conditions, and the resemblance which exists between them. As it occurs in infants, he calls it “an hydrecephaloid affection arising from exhaustion.” And that in a large majority of instances of Cholera Infantum, death is occasioned by exhaustion, and in many instances effusion, I have no doubt.

Dr. Hall very justly considers that this condition of the brain is to be distinguished from true inflammatory hydrocephalus “by observing the condition of the countenance, and by tracing the history and causes of the affection.” Were these symptoms of meningitis *early* present, such as redness of the face, suffusion of the eyes, an excited or wild expression, painful sensitiveness to light, &c. ? If so, we may readily suppose that drowsiness and stupor will soon follow as a result of acute inflammation and effusion. If, however, these symptoms are absent in the early stages, and our patient have suffered from exhausting discharges, the coma manifesting itself in an advanced period of the disease, we will not, as a general thing, err in regarding it as a symptom of exhaustion. Experiments on animals have abundantly demonstrated the effect of small and frequently repeated bleedings, in giving rise to cerebral effusion. The

rapidly diminished momentum of blood in the cerebral vessels, is followed by passive congestion and effusion. And in coma, which follows exhausting discharges from the bowels, the same condition is present, the congestion depending on defective cerebral circulation and consequent deficiency of nervous energy—a fact of the utmost importance in the treatment. “So inveterate,” says Dr. Hall, “is the disposition to attribute drowsiness in children to acute congestion of the brain, and to treat it so, that I have seen an infant, four months old, half dead from the diarrhœa, produced by artificial food, and capable of being saved only by cordials, aromatics, and a breast of milk ; but because it lay dosing on its nurse’s lap, two leeches had been put on the temples, and this by a practitioner of more than average sense and knowledge. I took off the leeches, stopped the bleeding of the bites, and attempted nothing but to restrain the diarrhœa, and get in plenty of nature’s nutriment ; and, as I succeeded in this, the drowsiness went off and the child revived. If it could have reasoned and spoken, it would have told this practitioner how wrong he was ; and one who, from long defect in the organs of nutrition, is reduced so that he has neither flesh on his body, nor blood in his veins, well knows what it is to lay down his head and doze away half the day without any congestion or inflammation of the brain.”

Dr. Abercrombie long since observed—“In the last stages of diseases of exhaustion, patients frequently fall into a state resembling coma a considerable time before death, and while the pulse can still be felt distinctly. I have many times seen children lie for a day or two in this kind of stupor, and recover under the use of wine and nourishment. It is often scarcely to be distinguished from the coma which accompanies disease of the brain. It attacks them after some continuance of exhausting diseases, such as tedious or neglected diarrhœa, and the patients lie in a state of insensibility, the pupils dilated, the eyes open and insensible, the face pale and pulse feeble. It differs from syncope by coming on gradually and in continuing a considerable time, perhaps a day or two, and is not like syncope, induced by sudden and temporary causes, but by causes of gradual exhaustion.”

In a letter which Dr. Hall received from Dr. Abercrombie, he also observes, “The state of infants which I have referred to, is a state

of pure coma, scarcely distinguishable, at first sight, from the perfect stupor of the very last stage of hydrocephalus, the child lying with the eyes open, or half open, the pupils dilated, the face pale. It is difficult to describe distinctly the appearance, but it is one which conveys the expression of coma, rather than of sinking; and I remember the first time I met with the affection, the circumstance which arrested my attention, and led me to suppose the disease was not hydrocephalus, the state somewhat different from coma, was finding on further inquiry that it came on *after diarrhœa*, and not with any symptom indicating an affection of the head." It is perhaps needless to multiply testimony on this point. The principle I have been endeavoring to illustrate will be at once recognized by every intelligent pathologist, and I can only regret that its *application* is not more generally made in cases of exhaustion and coma following diarrhœa.

TREATMENT—*First, Hygienic.*—I have already alluded to the agency of bad hygiene, in the production of this disease. In its treatment, therefore, much depends on the removal of these causes, thereby placing the little patient in the most favorable condition for recovery. It will be remembered that Cholera Infantum usually attacks children of feeble constitutions. It should be a leading indication, therefore, to surround our patient by the most favorable influences promotive of constitutional vigor; and what will contribute to this more than pure air, good nourishment, and cold ablutions frequently applied. Indeed, these may be almost regarded in the light of preventives. How many children suffer from this affection, who are well clothed, well aired, well fed, and daily showered with cold water?

Medical Treatment.—In the early stage of the disease, a leading indication of treatment is to restore the regular action of the liver and skin. To effect this, I have been in the habit of resorting to the usual prescription of minute portions of calomel and ipecac, combined with the compound chalk powder; adding, if necessary to allay pain, a few drops of paregoric, from time to time.

The warm bath is also an important auxiliary—and its effects may be protracted by removing the patient from the bath, and enveloping it in flannels wrung out of warm water. The circulation should be

promoted in the extremities by frequent frictions, and at the same time the head kept constantly cool. If the vomiting continue, warm cataplasms, frequently moistened with spirits of turpentine, should be applied to the epigastrium; or a blister may be applied until it produce rubefaction. I prefer, however, as a local application, frequent fomentations with turpentine.

But I would resort to this treatment for the purpose of restoring suspended secretions, and arresting, if possible, the more formidable secondary symptoms. Of all the lesions in this malady, there is none so much to be dreaded as the lesion of circulation in the brain, and, although a deuto-pathological element in the development, still it is by far the most formidable complication. The brain being a vital organ, its death is rapidly followed by annihilation of all the functions of the body. Hence the prostration as the disease progresses, and the necessity of promptly meeting the symptoms of exhaustion. This is the grand outstanding prominent idea to be cherished, and if we lose sight of it, and suffer ourselves to be betrayed into the idea of active cerebral disease, our patient must surely fall a victim to our indiscretion or ignorance. It is the turning point for life or death. And so strongly am I impressed with its importance, that I should feel loth to yield my patient to the care of an ordinary nurse. The exhausting discharges must be arrested, and the patient's strength maintained. And for this purpose, fresh milk and milk punch should be liberally administered. My rule for administering nourishment, in the form of milk, would be *the capacity of the stomach to appropriate it*—and that as large a quantity as possible may be appropriated, it should be frequently administered in small quantities.

For the purpose of relieving the exhaustion, and at the same time arresting the discharges, we have perhaps, no better combination than spiced brandy, to which may be added, from time to time, if necessary, Camph. Tinct. Opii. Kino, or other astringents. The addition of the aromatic Spt. of Ammonia is also valuable by way of relieving the gastric distress and vomiting, and correcting any acidity that may be present.

It is not my intention, however, to detail the *treatment* of Cholera Infantum. This must be adapted to the requirements of individual

cases, and of course left to the judgment and good sense of the practitioner. A far more important question relates to its *Pathology*. If this be wrong, our treatment cannot be right. If it be rational, we can scarcely err in the indications of cure. I will have accomplished, therefore, my desire, if I shall succeed in calling attention to what I am constrained to regard as a frequent pathological error; and if, in so doing, I shall save some little suffering patient from an additional cup, or leech, or cathartic, which would but accelerate its approaching sleep of death.

ART. III.—*Hospitals of Paris. Synopsis of Annual Reports for 1850.* By C. G. COMEGYS, M. D., Professor of Institutes of Medicine, in Miami Medical College.

PROF. HOWARD: I have been slow in redeeming a promise made you a year ago, on the eve of your departure from Paris, as we promenaded the terrace of the Garden at the Luxembourg Palace, enjoying the delight of the ever memorable and glorious scene that surrounded us.

I had the pleasure, afterwards, of forming an acquaintance with M. Blondell, Inspecteur Generale, of the Parisian Hospitals, from whom I received a complete report of all the Hospitals for the year 1850, which was then the latest publication on the subject. It is probable that the report for 1851 is published by this time in Paris.

The report which is before me contains 450 folio pages, exhibiting a mass of accounts, relating to official, moral and medical statistics, that are highly interesting, but any general abstract of which would needlessly burthen your journal. I shall therefore condense some particulars which I hope will prove valuable.

The following is a list of the General and Special Hospitals, and number of beds belonging to each:

GENERAL HOSPITALS.

Hotel Dieu.....	810
La Charite.....	494
Sainte Margeurite	353
Saint Antoine.....	290

Necker	329
Cochin	125
Beaujon.....	438
Bon Secours	319
<hr/>	
Total	3783

SPECIAL HOSPITALS.

St. Louis	825
Enfans Malades.....	600
Midi, (Male Syphilitic).....	320
Lourcine, (Female do).....	514
Clinique, for use of the Faculty.....	120
Maison de Sante.....	150
<hr/>	
Total	2830
In General Hospital	3783
<hr/>	
Total in both united.....	6,613

The following table shows, in the aggregate, 64,283 patients in the medical wards for the year, with a mortality of one in 10-37|100, and an average treatment of 23-56|100 days; In Surgical, 25,741 patients, with a rate of mortality of 1 in 23, and average time of treatment for each 28-46|100 days; Medical and Surgical Wards united, 90,024, and an average rate of death of one in 12-20|100; average number of days to each, 25-18|100:

TABLE, shewing the population for the year, rate per cent. of deaths, and duration of treatment for the Medical and Surgical Wards, separately, and both united, of each Hospital.

	MEDICAL WARDS.			SURGICAL WARDS.			Mortality of Med. & Surg. Wards united,
	Number treated.	Rate of Mor- tality.	Av'g'days treated.	Number treated.	Rate of Mor- tality.	Av'g'days treated.	
GENERAL HOSPITALS.							
Hotel Dieu.....	9,692	1 in 7.39	22.69	3,963	1 in 22.50	21.57	1 in 9.06
Sainte Margeurite.....	4,493	" 12.27	22.47	779	" 45.25	32.08	" 13.63
La Pitié.....	9,296	" 11.78	17.40	2,322	" 27.97	26.27	" 13.23
La Charité.....	5,228	" 7.79	25.54	2,610	" 28.20	20.06	" 10.15
Saint Antoine.....	3,877	" 11.89	19.59	969	" 18.71	22.68	" 12.68
Necker.....	2,598	" 8.33	25.56	1,029	" 23.55	30.65	" 10.67
Cochin.....	1,741	" 15.47	14.96	703	" 14.28	30.75	" 15.69
Beaujon.....	4,250	" 7.74	22.08	2,295	" 15.85	30.31	" 9.29
Bon Secours.....	4,587	" 11.81	18.72	1,181	" 28.13	26.49	" 13.34
SPECIAL HOSPITALS.							
St. Louis.....	5,736	" 38.38	42.51	2,682	" 13.45	23.16	" 23.79
Midi, (Men's Syphilitic).....	.....	.....	.....	3,439	" 294.18	32.64	" 294.18
Lorcine, (Women's do).....	.....	.....	.....	1,538	" 37.44	58.13	" 58.83
Enfans Malades, (Children).....	3,756	" 5.67	55.11	603	" 15.05	45.67	" 6.15
Accouchement.....	5,978	" 19.18	12.06	.....	.....	.....	" 12.06
Clinique — (Hospital for the use of School of Medicine).....	2,080	" 23.93	11.59	834	" 16.81	24.01	" 20.43
Maison de Sante.....	971	" 5.14	19.16	793	" 10.38	29.51	" 6.65
Total.....	64,283	" 14.37	23.56	25,741	" 23	28.46	" 12.20

On account of its general interest, I will add some statistics of the "Hospices," which are asylums devoted to various purposes:

		Beds.	
Bicetre, for old men,	{ Indigent	2,320	
	{ Insane	1,342	
		<hr/>	3,120
Salpetriere, old women	{ Indigent	3,441	
	{ Insane	1,342	
		<hr/>	4,783
Men's incurable		512	
Women's do		695	
Menages		782	
La Rochefoucauld		248	
Sainte Perine		182	
Boulard		14	
Brezin		316	
Devillas		39	
Found children and orphans		599	
		<hr/>	3,387
Total Beds			<hr/> 11,290

The population of these Asylums on the 1st of January 1850, amounted to 9,237, and there were admitted during the year 16,793. The rate of mortality amongst the insane is equal to 1 in 7.84. Amongst the other residents, who are composed of aged persons, and the incurable from the Hospitals, is equal to 1 in 8.

In the Asylum for "found children and orphans," the total of admissions for the year were 3,952, of which number 424 were supposed legitimate, and 3,528 illegitimate.

This hospice has an interior and an exterior department. The interior includes all appertaining to the hospice in Paris, and the exterior those that are sent to the country to be reared. The average number of the former is about 350, while in the country there were at the close of 1849 over 13,000.

The proportion of patients in the hospitals to the inhabitants of the city is about the same for the past thirty years, showing that in hygienic influences there has been no improvement; at present, however, vast sums are being expended to aerate the city more perfectly, especially the oldest quarters where the streets are narrowed.

In 1817 the number of patients to the population was	1 to 1700
In 1834	1 to 1220
In 1836	1 to 1224
In 1841	1 to 1139
In 1846	1 to 1210

The report shows, however, that the increasing number is owing to the large number of persons, from the departments of France, as well as neighboring states, availing themselves of the rapid and easy traveling by railroads, come to Paris on account of its celebrity for medical treatment, so that there has been a steady increase of strangers occupying the beds. In 1825 there were 3,034 patients treated, who were strangers to the city, and the number has steadily augmented, so that in 1850 it increased to nearly fourteen thousand, or as one to six.

But happily, and to the glory of medical progress, the rate per cent. of deaths has steadily decreased in every decade since 1805.

In the first period the rate of deaths was as.....	1 to 7
In the second period.....	1 to 7
In the third period.....	1 to 8
In the fourth period.....	1 to 11

and in 1850, as 1 to 12.20; and what renders this statement more satisfactory, is, that the days required in the treatment have also been less. Thus in the

1st period the average was.....	39 days	54|100
2d period.....	59	" 13|100
3d period.....	28	" 82|100
4th period.....	24	" 81|100

The year 1850, which has been given in our first table is at the rate of 25-18|100 days, but as this is as one year in ten, it is not to be taken as any evidence of a longer rate of treatment than formerly.

The statement of the expenses of this vast host of patients will, I think, be interesting:

The mean price per day, for each patient, in 1850, was about 37½ cents; on each patient's care, the service, an average of nine dollars and fifteen cents. The average expenses for 1850 were less than in 1849, although the average rate of treatment was longer, which shows that in the French capital the prices of supplies are not advancing.

In the Asylums, (or Hospices,) and “Maisons de Retraite,” the average daily cost of each inmate was near 38 cents, while in 1850 it amounted only to a little more than 30 cents. It would be interesting to make an exhibition of the entire fiscal economy of their establishment, but such a paper would scarcely be adapted to the columns of your journal.

The different results that my tables show in the different hospitals, I am not able exactly to explain. It will be seen that in the Hotel Dieu one in nine die, while in the Cochin, only one in fifteen. In La Charite, again, one in ten die, while in La Pitie, one in fourteen, both of the latter being large hospitals. The Hotel Dieu, from its immediate proximity to the “Bureau Centrale,” receives nearly all the worst cases that are presented to this general distributing office, and it is perhaps less salubriously situated. La Charite is also contiguous to the central office, and is in a crowded part of the city. As a general rule, the Hospitals in the margins of the city have less mortality than those in the dense and older parts.

The improvement in the treatment of Syphilitic diseases in the past forty years, is seen in the statistics of the report of the Midi Hospital, which is under the care of our distinguished countryman, Dr. Ricord.

In the first ten years of this period, or say from 1805

to 1815, the deaths were.....	1 in	56
In the second period, 1815 to 1825.....	1 in	62
In the third period, 1825 to 1835.....	1 in	80
In the fourth period, 1835 to 1845.....	1 in	126
And in 1850.....	1 in	294

At the “Lourcine,” where females are treated exclusively, for syphilis, the rate of deaths is one in fifty-nine. I cannot explain the vast difference unless that women generally delay treatment longer than men, and their systems become involved with other cachexias.

It will be seen that of the 3,952 children left at the Asylum for “Found Children,” only 424 were supposed legitimate. This conveys a terrible picture of the morality of Paris, but I found by an examination of the returns of the whole of France, and comparing them with the Registrar General of England, that illegitimacy is nearly the same in both countries. In comparing London and Paris

there is a wide difference, viz: in Paris, about 25 per cent.—in London not quite 4 per cent. The illegitimacy of France is about 6.5 per cent. and of England 7.25 per cent.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Report of the action of Cochituate Water on Leadén Pipes, and the Influence of the same on Health.* By JACOB BIGELOW, M. D.

The committee appointed by the Society of Medical Improvement in Boston, for investigating the question of the occurrence of any diseases attributable to the presence of lead in the aqueduct water introduced into the city, from the Cochituate Lake, in January last reported as follows:

That from an extensive inquiry among physicians, and also from the bills of mortality, they are led to believe that the health of the city of Boston has been uncommonly good during the last two years, and they have not learned that any well marked cases of the disease usually attributed to lead, have occurred, which were not traceable to some other cause than the use of Cochituate water drawn from leadén pipes.

It appears, from the experiments of Professor Horsford, that the water of the Schuylkill and Croton rivers, and of Jamaica and Cochituate Lakes, acts upon the surface of the lead so as to take up a small portion of that metal during the first two or three days of its contact. But after a few days the surface of the lead becomes coated with an insoluble compound, which protects the lead, for the most part, from the further action of the water. Nevertheless, traces of lead are reported to have been found by various chemists, in specimens of some of these waters, when greatly reduced by evaporation.

In consequence of the extensive use made of lead for various economical purposes, no person in civilized society can expect to

escape from the reception of that metal in minute quantities into the body. The presence of lead in the paint of dwelling houses and furniture, of water buckets and other culinary apparatus, in vessels made of leaden alloys, or soldered with the same, in the lining of tea-chests, in flint-glass, and the glazing of coarse pottery, furnishes but a part of the examples which indicate our exposure to receive this metal in our daily food. To these examples it may be added, that physicians give lead to their patients sometimes, for weeks successively, and apply solutions and solid compounds of the metal to absorbing surfaces for longer periods; that persons are known to carry shot and bullets in their flesh during a long life; and finally reliable chemists testify that lead exists in the solids and fluids of man, and in those of some of the animals on which he feeds.

From all these facts we are authorized to draw the conclusion that, in the present state of our knowledge, the presence of lead in a very minute amount, like the presence of other substances in infinitesimal quantities, is inoperative upon the living body.

It is a general law known to medical men, and to which there are not many exceptions, that diseases and symptoms produced by specific metallic agents, such as mercury, lead and arsenic, do not cease until after the withdrawal of those agents. But it appears from the records of the Massachusetts General Hospital, during the last twenty years, as well as from the private experience of physicians, that many cases of lead colic and paralysis, acquired by persons who work in that metal, have got well under the daily use of water delivered from leaden pipes. This would not probably have been the case did the water contain any deleterious amount of lead in solution or suspension.

The principal diseases, ascribed by Tanquerel, and some subsequent writers, to the presence of lead, are colic, paralysis, arthralgia, and encephalopathy. Of these the committee have not been able to learn that there has been any sensible increase in this city, since the introduction of Cochituate water. Of lead colic, but one case has entered the hospital during the past two years, which is a smaller proportion than the average of the preceding twenty years. Of lead paralysis there have been but two cases during the same

period, both occurring to workmen in lead. Of arthralgia, or pain in the joints or limbs, directly traceable to lead, it is believed there have not been a sufficient number of cases at any time to attract extensively the notice of our physicians. As to encephalopathy, a general term, used by some writers to express cerebral disease, and including coma, delirium, convulsions, &c., there is apparently no more reason for attributing it to lead, than consumption, fever, or any other common disease which may happen among lead workmen.

It is obvious to a medical reader that many of the cases detailed by writers on lead, are coincidences rather than consequences; and, therefore, do not furnish a ground for general laws. Such is the case when persons have been supposed to have contracted lead diseases by sleeping in newly painted apartments, where, unless the lead were volatile, it could not leave the wall to enter the bodies of the patients. It is also the case when solitary examples of common diseases are ascribed to lead, when it is known that they more frequently result from different causes. It is also often the case when the reports of credulous and incompetent observers are received as scientific authority,

In a late "English Report by the Government Commissioners on the chemical quality of the supply of water to the Metropolis" of London, made in 1850, by Drs. Th. Graham, W. A. Miller, and A. W. Hoffman, men of high standing in the scientific world, an investigation is made of the condition of the various waters now supplied to that city. In this report the commissioners state, (page 32) that "no recent or authenticated case can be cited of any of the numerous towns lately supplied with soft water being affected by the use of leaden distributing tubes." Again, on page 33, the commissioners say: "We are disposed to conclude that the danger from lead in the towns supplied with water has been overrated; and that, with a supply from the water companies, not less frequent than daily, no danger is to be apprehended from the present distributing apparatus, with any supply of moderately soft water which the metropolis is likely to obtain.

On the present occasion it is by no means intended to deny the well known fact that certain acid liquors, also that the water of certain springs and wells, may and do act upon and even dissolve lead in such quantities as to prove injurious to human health. It is also possible that at certain seasons, and under certain circumstances,

the soft water of lakes and rivers may contain organic or other products, which may take up in solution a minute portion of the pipes through which they pass. And it may even be conceded as possible, that a few susceptible and predisposed persons will get lead diseases while using this water. Nevertheless, lead is a very convenient article to be used in aqueducts. It is more cheaply manufactured, more conveniently applied, and more readily repaired, than any other material. And while this is the case, mankind will not be prevented from employing it. The general law derived from the experience of the large cities of this country and of Europe is, that its employment for the conveyance of soft water is safe. To this law the few recorded cases of disease, as far as they are genuine, must be regarded as exceptions. And it should be borne in mind that nearly all the great agents which minister to the physical happiness and improvement of man, are fraught with more or less danger. Ships and railroads, fire and water, food and medicine, destroy annually multitudes of our species. Nevertheless, all these agents increase annually in use, with the increase of wealth and civilization, and as an humble example under the same law, it is not probable that the leaden aqueduct will be abandoned, on account of the inconsiderable risk which it involves of occasioning disease. From the present state of our knowledge, we are authorized to conclude that the insurance on a citizen of Boston, New York, Philadelphia, or London, against lead colic, is probably worth much less than his insurance would be on a voyage across the Atlantic.—*American Journal of Medical Science.*

ART. II.—*Fellis Bovini, as a Medicine.* By A. CUMMINGS, M. D.

The bile from the gall of the ox has long been known to possess medicinal properties, and to some extent it has been used by the profession as a remedial agent, but I believe it has never gained that confidence among practitioners of which its real value renders it worthy. I have used it somewhat extensively in my practice for a few years past, and in this article I design only to give the result of my own experience with it, and the conclusions to which I have arrived in relation to its real and comparative value. Before proceeding, however, I would remark that the *form* in which I have almost immediately exhibited it, is that of pills, made of the inspissated gall, rolled in flour, magnesia, Pulv. Glychyrriza, or some other fine

powder, to render them of a suitable consistency. The gall may be evaporated in shallow basins, in an oven, or in the sun, until it becomes sufficiently firm to form into pills as above. This, in my opinion is far the best method. It may be given in its liquid form, but it is less agreeable to the patient, and if not mixed with proof spirits will soon become unfit for use. The medical properties of this agent, so far as my observation goes, are *laxative, alterative, and slightly tonic*. Its most valuable agency is exerted upon the stomach and liver. It seems to combine, in a remarkable degree, the three properties named above, and for many diseases to which the chylipoietic viscera are liable, I have found it a most excellent and valuable remedy. I proceed now to notice its application as a remedial agent in disease.

1st. *Obstinate Constipation*.—I am well aware that this is much oftener a *symptom* of disease, than disease *per se*; but I notice it in this place in order to speak of it in that form so common to those engaged in sedentary and confined occupations, and especially of females in large cities, amongst whom, for want of proper exercise and care, constipation is so prevalent, and detrimental. In cases of this description, I have seldom, if ever, been disappointed of obtaining relief by the use of the agent under consideration. The hardened, compact, clay-colored *fæces* so common in cases where there is more or less obstruction of the liver, are, by the use of the gall, broken down in the intestines, and rendered so friable as to be easily discharged. This result is procured, not only by the combination of the gall with the hardened concretions, rendering them soft and un-irritating, but also by removing the obstruction, and permitting the natural flow of bile from the gall-bladder into the intestines. Thus it answers, in this respect, a two-fold purpose. Any one who doubts the efficacy of this remedy, by pouring a few drops of fresh gall upon hard clay-colored *fæces*, and observing how soon the mass becomes liquid, cannot fail to be convinced. It imparts a healthy tone to the bowels, and promotes the natural secretions which may become impaired.

2. In *billious diseases*, arising from a torpid action of the hepatic function, the gall is an excellent remedy. It seems to act as a stimulant to the liver, and promote the secretion of the bile, and also to cause it to flow freely into the bowels, and thus accomplish its normal functions in the animal economy.

3d. In *Jaundice*, you will find that the exhibition of gall, if continued sufficiently long, even in small doses, will not fail to accomplish a desirable and satisfactory purpose. I could relate the history of many cases in my own practice, in which there was every symptom of this disease, where the gall has acted in the most satisfactory manner. As a stimulant to the liver, I generally prefer it to blue pill or mercury in any form, though there may be chronic diseases in which the mercury or some other alterative would be preferable. Whoever, at least, will thoroughly test the powers of this agent, I am confident, will find that I have not exaggerated its value. At least I am willing to abide by the judgment of others who may test it, as to the truth of my assertions. It may be necessary to continue the exhibition of this remedy for some length of time in severe cases of jaundice, but it is perfectly harmless, and moreover it may be used in those cases in which mercury cannot be administered, on account of the prejudice of patients or their friends against it, or of any idiosyncrasy of constitution where its use may be interdicted. At least it is a most valuable auxiliary.

4th. In *Dyspepsia*, also, I have in many cases seen the most gratifying results from the use of this remedy. It seems to impart a good tone to the stomach, and by its laxative effects upon the bowels, as well as by its soothing the irritated mucous surfaces of the stomach, proves, in my hands, at least, an excellent remedy. It leaves the influence of a mild tonic bitter on the stomach, not sufficient however, to produce pain, and its laxative effects in dyspepsia cannot be but beneficial, for, in most cases in this disease, the bowels are torpid, and not unfrequently obstinately constipated. As a remedy also collaterally,

5th. In *Hemorrhoids and Prolapsus Ani*, the gall is justly entitled to our consideration and confidence. If it has no direct or specific influence in removing these forms of disease, it is at least one of the best laxatives in the general torpor of the bowels which accompanies them, since it not only evacuates, but soothes the bowels, and does not produce the irritation in piles and prolapsus ani that most other articles of the class do. But I am also inclined, from my experience with the article, to believe that it exerts a very favorable influence, at least, in the cure of these troublesome and painful affections. At least it justly merits a fair trial.

6th. In *Bilious and Intermittent Fevers*, the gall cannot but exert a favorable influence, since its office is not only to act as an alterative,

and rouse the liver to its wonted action, but also to carry off from the bowels the superabundant bile, and to give tone to the chylopoietic system. In a word, in all those forms of disease, (and they are many,) arising from torpor of the hepatic system, I believe that there are few medicines that will give equal satisfaction with the one under consideration, and it is certain that no remedy is more safe in its administration and effects.

One more tormenting and dreaded effect arising from billious derangement, in which the gall acts in a very favorable manner, I had almost forgotten to mention.

7th. *Sick Headache*, so called, though not strictly speaking, a disease, is a sympathetic, symptomatic affection, of very frequent occurrence, and always excruciating, and dreaded by those who are subject to it periodically, or occasionally. As it arises from a billious state of the stomach, the gall, given in small doses, and as frequently as is necessary, seldom fails to mitigate the symptoms, or entirely to relieve, or prevent its accession. It should be given in periodical cases for a season of at least a day or two before the anticipated attack.

8th. In *Typhus and Typhoid Fevers*, it is an excellent laxative, where strong cathartics are not required, and will be found worthy of confidence, whenever a remedy of the class seems to be indicated. Also in the low forms of

9th. *Nervous and Continued Fevers*, no better laxative, in my judgment, can be found, since in those cases strong cathartics are almost invariably contra-indicated. But I need not particularize further, since I believe enough has been said to give my ideas in relation to the class of cases in which this remedy is indicated; and as I cannot expect to gain the confidence of practitioners without their first giving the article in question a fair and impartial trial, I have perhaps already written too much. I am confident, however, that those who may make a fair trial of it will not accuse me of exaggeration, for I have endeavored candidly to give the value of the article as it has proved itself in my own practice, and not from theory deduced from the natural properties of the medicine. I have said it is necessary, not unfrequently, to continue the medicine for some length of time, in obstinate cases especially. But it is harmless and safe, and will act well in any constitution, and is contra-indicated by no form of idiosyncrasy. The dose of the inspissated gall in the form of pills, or otherwise, is from five to ten grains or

more, repeated every two or three hours, for a cathartic, and less for a mere laxative effect. It may be given in sufficient doses, at any time, with perfect safety to adults or children.—*Boston Med. and Surg. Journal.*

ART. III.—*Tannate of Quinine.* BY JOHN P. LITTLE, M. D.,
Richmond City.

In the summer of 1850, I read a short paper before the Medical Society, in which I mentioned some experiments made to remove the bitter and disagreeable taste of quinine. It was attempted to remove this taste by giving the medicine dissolved in strong tea; and I was led to make these experiments by learning that coffee had been used for this purpose in France. The result of this experiment was that the taste was almost entirely removed, and that the injurious effect upon the brain and nervous system, which so commonly result from the use of quinine, did not make their appearance. I learned subsequently, from the experiments of Dr. Thomas, of Baltimore, that it was the tannin contained in tea which produced this loss of bitterness. Having two years past prescribed tannin and quinine in all cases requiring the use of the latter remedy; having found this tannate a more efficient preparation than the sulphate, both in the treatment of intermittents and in neuralgia; and having seen none of those peculiar effects upon the head observed ordinarily in the use of this article, I wish to call the attention of the profession to its value. I have by me a number of cases in which benefit has resulted from its employment, where the sulphate had been used without good effect, or where its use could not be borne. One case of intermittent, occurring in a delicate child, in which I had used sulphate of quinine, various vegetable tonics, iron, and finally Fowler's solution, without any other than a temporary effect, yielded to this remedy. In many other cases of neuralgia occurring in very delicate women, where I was assured that quinine had been frequently attempted to be given, and that its use could not be persevered in because of the headache and other severe symptoms that ensued, I have given large quantities of the tannate with happy effect on the disease and without any injurious result. In some very susceptible persons, a slight ringing in the head was perceived, though not complained of, after a large quantity had been taken. My usual mode of administering the remedy is to have it made into

pills, containing two grains of quinine and two of tannin each ; or, if the patient is very susceptible to the action of the remedy, three grains of tannin to two of quinine. I prefer it in pill form, because, in solution with so large a proportion of tannin, while the taste of the quinine would disappear, that of the tannin would be very disagreeably perceived. In those cases of neuralgia where quinine and iron are indicated, I have not thought fit to combine quinine, iron and tannin in one pill, but have given on one day as much tannate of quinine alone as I would have given of quinine combined with iron in two days, and on the preceding day have also given as much iron alone as I would have given combined in two days.

This compound of tannin and quinine is also serviceable as an astringent in the dysentery of the season, and can be used as such with good effect. I mention its use, that others may be induced to try it, and that by the observation of many physicians, its claim to notice, as a compound of quinine that can be given without any injurious effect, may be decided upon. My own experience is in its favor.—*Stethoscope and Va. Med. Gaz.*

ART. IV.—*Remarkable Case of Precocity—Menstruation occurring at four years of age.*

WOODVILLE, *Rappahannock Co.*,

July 29th, 1852.

SIR—I send you a succinct account of a case of *Precocity* in a female child, which, if you think of sufficient interest, you can give a place in your Journal.

Respectfully, yours,

CHAS. R. KEMPER.

A servant girl, owned at this time by Mr. C. M. W. of our village, is the subject of a precocious development of the female reproductive organs and appearance of the menses. The development of the general system of this girl, from a year old, was noticed to progress rapidly, till she attained her third year, when an increased size of the mammary glands was first observed, and, shortly after, there appeared the usual growth of hair on the pubes. When she was four years and one month old, her catamenia made their first appearance, and have continued regularly to return up to this date. She is now just entering her thirteenth year.

The development of the brain seems not to have kept pace with the physical growth, but she is possessed of a degree of intelligence unusual for her age. She is much larger than an older sister, and has the appearance, from the breadth of the chest and pelvis, to be a fully developed woman.—*Stethoscope and Va. Medical Journal*.

ART. V.—*On the treatment of Gonorrhœa.* By P. NIDDRIE, M. D.,
F. R. C. P., EDIN.

The Lancet of a recent date contains a report of a discussion at the Medical Society, on gonorrhœa, in which a speaker said “he questioned how far the cures in cases of gonorrhœa were due to remedies. Time alone would cure.” As this seems to be the view of more than one member of the profession, I shall shortly state what I have found to be a safe and effectual mode of treatment, if strictly followed. In common with most men of some standing in the profession, I have had considerable experience in the treatment of gonorrhœa, and I have arrived at the conviction that, in a vast majority of cases, the disease may be safely and effectually cured, generally in three days, and almost always within a week. During the first day, a saline purge, such as a Seidlitz powder, with half an ounce of sulphate of magnesia, is to be given; recumbent rest enjoined; weak linseed tea, with a little nitrate or bitartrate of potash, used as a common drink; and ordinarily pure cold water used as an injection twice in every half hour. During the second day, the same drink to be used, and quiet observed, but a solution of sulphate of zinc, two grains to the ounce, is to be substituted for the cold water, and used twice every half hour during the day. On the third day the irritation and discharge will probably have gone, and it will not be necessary to enforce rest so strictly, but the drink and injection must be used as on the preceding days. These remedies are commonly in use, but their efficacy depends on the mode in which they are applied; and if this method is strictly followed, few unsuccessful cases will occur.

Doubtless there are cases protracted for weeks or even months, but such patients fancy it is too irksome to lie down all day, and it is too much bother to use the injections so often, and they expect to be cured without trouble or restraint. Indeed, there is always diffi-

culty to get the patients to use the injection so frequently and perseveringly as is necessary, but on this the success of the treatment mainly depends. It occasionally happens that on the second day the swelling of the urethral membrane, its irritation and its discharge are not sufficiently allayed, and it is necessary to continue the cold water injections till the third day. More frequently it is necessary to use the sulphate of zinc solution longer than two days, for it must be used at least a day after the discharge has stopped; but it will rarely happen that the whole period of treatment extends to a week.

Whether or not gonorrhœa is a specific disease, there unquestionably exist in it redness, swelling, heat and pain—that is, inflammation, terminating in suppuration; and the antiphlogistic means indicated seem to me a rational treatment of such a state of the parts. But if the inflammatory action only be subdued, disordered action continues in the form of gleet, and it becomes necessary to change the action of the mucous membrane by a slightly stimulating injection of sulphate of zinc. Those of the profession who think the above treatment worth a trial, will perhaps state the result through the medium of the *Lancet*.—*London Lancet*.

ART. VI.—*Sub-acute Hydrocephalus, terminating in cerebral Dropsy.*

Operation of Paracentesis Capitis. By M. HOWARD, M. D.

* * * * The head went on enlarging until it attained an extraordinary size—measuring 23 inches in circumference and 14 inches in a vertical direction, from one auricular orifice to the other. The pressure of the accumulated serum at length produced total blindness, and a partial paralysis of the muscles. The face become contorted, and the extremities hung flaccid and motionless.

It now became apparent that the little sufferer was reduced to great extremity. I abandoned all hope of relieving it with the aid of mere pharmaceutical agents, and intimated to its parents that I was willing to give up the case as a hopeless one. On being urged to further effort, I proposed the operation of puncturing the membranes, as a dernier resort, at the same time warning the family that I had but little faith in its efficacy. The pressure of the enormous accumulation of serosity on the extended membranes and the brain, induced an intolerable amount of suffering, which was indicated by

the constant moaning and restlessness of the child, even in sleep. This painful pressure I could alleviate by decanting off a portion of the fluid, but it was with the risk of accelerating the final issue—*death*. I frankly stated this fact, and warned the family that the operation, though simple, was hazardous, that death might possibly ensue at once, and that the possibility of its effecting a radical cure was too remote to afford much ground for hope—the only certain recommendation in its favor being that it would effect a temporary remission of suffering, if the patient survived it. Notwithstanding these representations, the child's father urged the performance of the operation. The mother, however, had conscientious scruples; he was, therefore, induced to defer submitting his child to the risk, until the sanction of a clergyman, (the relative of the child before alluded to,) could be obtained.

In the meantime I had prepared a close fitting cap of gum elastic, which I purposed to use, to maintain an equal pressure during the evacuation of the serum. I also obtained a minute trocar and canula, the blade of the trocar not being longer than the ordinary couching needle.

Experience has taught us that the principal danger to be apprehended in puncturing the head for cerebral dropsy, is the production of fatal syncope, from the sudden removal of pressure from the brain and its appendages. I therefore had stimulants at hand, and determined to decant the water slowly, watching narrowly, in the meantime, its effect on the pulse.

The trocar was introduced carefully, a little to the right of the inferior angle of the fontanelle, in a perpendicular direction, to avoid the longitudinal sinus. The depth to which the instrument penetrated before the fluid was reached, seemed to favor the belief that the convolutions of the brain had been unfolded by the pressure of the fluid, and lay in a thin layer immediately in contact with the membranes.

Some high European authorities have denounced this operation as cruel and worse than useless, but the result in this case does not sustain this view. The patient suffered very little from the introduction of the trocar, and apparently none at all afterwards. Upon the withdrawal of the trocar, the water was forced for a moment in a violent little stream for several feet, owing to the pressure of the tense membranes. I allowed it to flow freely for several minutes, no symptoms of exhaustion supervening until about twelve

ounces had been withdrawn. Immediately after the operation, the patient sunk into a profound and tranquil slumber, from which she awoke in about five hours, apparently much refreshed.

The most important result of the first tapping, was the removal of the paralysis. The countenance regained its natural expression, and the muscles of the limbs appeared to have become more subject to volition.

To aid the effect of the tapping, I renewed the counter irritation, and the exhibition of alterative medicines. Three days after the first tapping, I drew off about eight ounces of water. After the second operation, long slips of adhesive plaster were passed around the head in various directions, to support the bones, and to assist the action of the elastic bandage. The little patient appeared to be progressing finely. The head was diminished considerably in size, her appetite and command of muscle appeared to increase, and better than all, the retina appeared to be regaining its sensibility. Previous to the first operation, she was totally blind, and the muscles of the eyes appeared to work without concert. Strabismus divergens, and convergens, had occurred at irregular intervals; but now the movement of the eye-balls obeyed the will, and the nerves appeared to have become sensible of external impressions, though the sight was far from being perfect. These happy results encouraged me to attempt too much on the third operation. I decanted the water a little too rapidly, and the patient sunk into profound syncope, from which she was restored with some difficulty. No untoward consequence ensued, but the mother of the child became so terribly alarmed at the effects of the last tapping, that she refused to allow its repetition. In her opinion, the object in view would not have justified the result, if the child had died from the effects of the operation.

I had the satisfaction of finding, however, that no further effusion took place. The head was much reduced in size, and did not subsequently enlarge. She gradually regained a perfect control of the voluntary muscles, and her sufferings from the serous accumulation appeared to be entirely removed, so that she became even playful. Several months after I had removed from the county, I learned from Dr. Wm. Dunham that the child had died from an attack of typhoid fever, (typhoid pneumonia, I think.) Up to the time of her last illness, no change for the worse had taken place in her condition.—*Transylvania Med. Journal.*

ART. VII.—*Poisoning by oil of Tansey.* By W. W. ELY, M. D.
of Rochester, N. Y.

The subject of the following painful occurrence, was a respectable young lady, in ordinary health, engaged at the time in teaching school. Having arrived at her menstrual period, she procured what she supposed was the essence of tansy, designing to take it to promote the catamenial discharge. On the evening of August 15, 1835, she took *one teaspoonful* of the medicine, which proved to be *oil of tansy*. From the speedy supervention of alarming symptoms, a messenger was sent for me, a distance of two miles. Being unable to attend personally, she was promptly visited by my partner. The oil, however, had operated so energetically and rapidly, that, on his arrival nothing seemed likely to be of any avail, and nothing of any consequence was done.

From the record which I made at the time, it appears that she first complained of dizziness and became insensible in about ten minutes—a succession of convulsions supervened, with frothing at the mouth, laborious respiration and irregular pulse, and she died in *one hour and a quarter* after taking the oil.

It may be proper to add that another young lady in the family, also took of the medicine at the same time, but vomited very soon, and suffered no inconvenience.—*Buffalo Medical Journal*.

ART. VIII.—*Spiritual Writings.*

The extracts under this head, in our last number, occupied more space than we supposed they would, and as a consequence we were not able to conclude what we wished to say in regard to the *spiritual writings*; but our readers need not be alarmed—we shall not weary their patience much longer with our dissertation on this subject.

We have said that there appears to us to be a striking analogy between the condition of the nervous system which leads to these writings, and that which existed in the persons who were affected with the “jerks;” and some further facts which we have now to add, will, we think, render this still more apparent. Thus, while this singular affection was not confined to any class or sex, but men and women, black and white, were its subjects, still it was observed that women were much more apt to fall into it than men; and it was also remarked that those who had once been

seized were particularly liable to a second attack, and jerking or swooning readily became a habit. "Women," it is stated, "had their nerves so weakened by the frequency of these attacks, as to fall while walking to or from the meeting-house, engaged in narrating past exercises without any uncommon emotion, and drop from their horses on the road."

Many instances of this acquired habit of the nervous system are recorded by the writers of that period. Thus, Dr. Clelland, an estimable and pious clergyman, relates that riding one day with a lady, the wife of a Presbyterian elder, who had been some time previously affected with the jerks, it occurred to him to try whether they might not be renewed simply by starting a particular train of ideas in her mind. The conversation just before had been of an indifferent character; he changed it abruptly to devout and solemn subjects, and adds, that "before two minutes had elapsed, her body began to be violently agitated, pitching upward and forward, from the saddle half way to the horse's neck six or eight times in a minute."

There were those who struggled long and earnestly against the disposition to fall, but were forced to yield at last. One fell, after bitterly opposing what was esteemed a "divine work," and another, exclaiming that it was "an unfortunate sight and a great mortification." "One dropped, as if shot, just after expressing his fears that the work was not right." A father threatening his swooning daughters, that he would beat them if they ever came to such a place again, and fell with the words in his mouth. A man fell at Lexington, "who had told an acquaintance if he fell he might put his foot on his neck and keep him down."*

Not only were there these involuntary motions, the result of sympathy, but in many of the subjects there was also the unconsciousness and insensibility presented by the mesmeric state. Persons, to their great surprise, found themselves unable to move when they wished. One young lady is mentioned who was not aware of any change in her condition, and was amazed to find the people flocking around her; but then making an effort to move, she found herself powerless. Some, while in this state, were both conscious and capable of conversing; others were speechless. The most energetic stimulants, as in artificial somnambulism, made no impression upon

*Davidson's History Presbyterian Church in Kentucky.

the sentient nerves. A phial of hartshorn was applied by a clergyman to the nose of a stout young man, who was lying flat on his back, and by accident some got into his nostrils; "but he took not the slightest notice of it."

On one occasion, Lorenzo Dow, while preaching in the court house at Knoxville, Tenn., the Governor of the State being present, saw one hundred and fifty persons exercised with the jerks. At another meeting, where the excitement had risen to a wilder pitch, three thousand persons are reported to have fallen. The influence by which these strange manifestations were induced, as every one must be prepared to learn, was held by the multitude to be supernatural. It was esteemed, as we have said, a divine work, which it was hazardous and sinful to oppose. The subjects were often in an ecstatic state, and had visions and revelations. They saw dazzling light, such as they could not behold. "Two women," says a historian of the times, "have fallen into trances, and one has passed a golden bridge to heaven; the other has been in heaven," &c. &c.

No doubt there were sensible and discreet men, probably physicians, who believed that these people were in communication with the spiritual world. No one believes so now; and yet the "spiritual writers" may be defied to bring out anything more marvellous than the phenomena afforded by the "jerks." These things—mesmerism, the jerks, spiritual writing, all in them that is not fraud and deception—belong, then, in our judgment, to the same category, and have their origin in a peculiar perverted state of the brain. It is a state easily induced in some individuals, while others are capable of resisting it. The subjects of mesmerism are found to be apt spiritual writers, as the believers in clairvoyance are those who yield the readiest credence to its being the work of spirits.

We do not deem it worth while to write against the thing. It *will* have its day. The populace will be carried away with it; some will lose their senses, and commit crimes, or get in mad-houses; and then, after a time,

"——— all this derision
Will seem a dream and fruitless vision."

As an apology for the length to which we have extended our remarks upon this subject, we have said, that the miserable superstition has ended, in not a few instances, in deplorable insanity. In this city we already hear of persons that are fully persuaded that

they hold daily converse with the spirits of their departed friends, and one young man is understood to have been impelled to suicide by these spiritual writers. We may not be able to arrest the delusion, but it ought, at least, to be exposed.

[*Western Journal of Medicine and Surgery.*

ART. IX.—*Death while under the influence of Chloroform.*

The following are the particulars, as learned from various and direct sources, of a melancholy case which recently occurred at Hooksett, in this State :

A girl, of about fifteen years of age, had a tumor upon the thigh, which was examined by Dr. Timothy Haynes, of this town, and its removal was advised and strongly urged. After some time the patient consented that it should be done, and a day was fixed for the operation. At the appointed hour Dr. H. arrived, attended by his student ; but the patient was so much terrified in the prospect of the operation, and of taking chloroform, that she ran away and hid. After some time she was found, and with a good deal of force was brought to the house and the room, where the operation was to be performed. She entreated to be allowed to go, but still more, that she might not be obliged to inhale the ether ; saying that she would bear the pain of the operation, but she knew she should die if they made her breathe it. The doctor, however, insisted upon her taking it, and she was held, and concentrated chloric ether was administered by her uncle, not a physician. An unusually large amount was required before she ceased struggling violently, but finally the operation was commenced, and almost at the same time the patient was found to be exceedingly prostrated. The tumor was removed, and the doctor exerted himself to revive his patient, but in vain ; she died in a very few minutes.

We regret that we cannot give the *precise* quantity of ether used and the *precise* time that elapsed between the commencement of the inhalation and the death of the patient—but only one medical man was present, attended by a student, not at all advanced in his studies, and he proposes to “live down,” that is, wait till people forget the case, not to report it. The impression of friends in such minutiae, is perhaps, not perfectly reliable.

In view of these facts, shall we attribute the fatal result to the anæsthetic agent ? We say at once, no. The patient was extremely

terrified at the idea of the operation, but was more so at the thought of being rendered insensible. She entreated to be allowed to suffer the pain, reaffirming that she *knew* she should die if she breathed the ether. Under such circumstances, would she not have died if she had inhaled the vapor of water, believing it to be ether? Our own impression is that she would, and fright was in fact the cause of her death.

The errors in this case were, first, that the operator insisted upon the inhalation, or even *consented* to it. In fact, under such circumstances almost any man would have deferred the operation to a subsequent day, (there being no immediate danger to life from the tumor,) and then proceeded without placing the patient in a state of anæsthesia.

Second, that he allowed it to be administered by an unprofessional person, not at all acquainted with its use. An agent so powerful should be used with the greatest caution and skill, and no one should operate without placing the patient under the charge of a reliable physician, so far as this is concerned. The operator should be at liberty to devote all his attention to the operation, and not be distracted by watching the influence of the anæsthetic.

We regret that by this case discredit has been cast upon a most useful agent, and difficulties thrown in the way of its use. The following sentence from Professor Gilman's preface to Beck's *Materia Medica*, exactly expresses our views of the use of anæsthetics:

"Used with constant care, watched with unceasing vigilance, they are safe and most beneficent agents;—used rashly and thoughtlessly, they are so dangerous, so almost certainly fatal to life, that such use of them involves, in my judgment, an amount of moral guilt little short of that which attaches to manslaughter."—*New Hampshire Journal of Medicine*.

ART. X.—SPENCER'S *Objectives for Microscopes*.

The pre-eminent success of Chas. A. Spencer, residing in Canastota, Madison county, New York, in manufacturing objectives for microscopes, deserves a notice in this place. It is now fairly conceded that Spencer, though an American, has considerably excelled the best English and European opticians in the most difficult department of practical optics. The American Association for the Ad-

vancement of Science, has given him this award, and English microscopists have borne testimony to the same effect.

The preceding observations were made with a glass of exquisite workmanship, one of Spencer's latest and best productions. I gave him an order for the finest objective of high power which he could make, expressly without limit as to price. He sent me the instrument [the essential parts of which the smallest thimble would contain] in May, 1852, writing me at the same time that it was the best he had ever made, and charging me for it the moderate sum, \$129, for its defining power is so great and so wonderfully accurate, that a sum of money greater than I choose to name, would not deprive me of its possession. It is rated by Spencer as one-sixteenth of an inch focus, though the available working focal distance is probably less than 1-200th of an inch, requiring the very thinnest of Chance's thin glass, for covering objects to be seen. Its angle of aperture is full 174° ! a figure at least forty units beyond what the best European opticians have, until quite lately, considered practicable. Upon this, as well as upon the general perfection of workmanship, its great excellence depends. That most beautiful test object, the *Grammatophora subtilissima*, of Bailey, is, by this glass, readily and clearly resolved into black beaded lines.—*Dr. J. L. Riddell, in New Orleans Med. and Surg. Journal.*

ART. XI.—HEISTER'S *Treatment of Scarlatina.*

In the Boston Medical and Surgical Journal is an article by John P. Heister, M. D., of Reading, on the medical topography of Berk's County, Pa., in which he thus speaks of the treatment of seventy-two cases of Scarlatina, which fell under his observation during the past year. "The whole seventy-two cases were treated by laxatives when required, which was usually at the commencement, and the unrestrained use of hydrochloric acid, diluted with water and sweetened, except one case in which bronchitic symptoms were prominent, and antimonials were used. From fifteen to twenty drops of the acid were directed to be put into a half pint of water at the temperature of the chamber, well sweetened with white sugar, and allowed *ad libitum*. It was commonly very grateful to the patient, and taken with decided pleasure. No other general treatment was resorted to from first to last. From a good deal of previous expe-

rience in the treatment of fatal disease, I was seriously impressed with the evil of the *nimia diligentia medicinae*, and at first resorted to the use of the hydrochloric acid rather as an abatement of this evil than from any great confidence in its virtues. Skeptical as I am, however, in medicine, I am, from my late experience, forced to attribute very considerable efficacy to it in the treatment of scarlatina. I by no means, however, consider it a specific, to be relied on to the exclusion of other rational means when indicated. I think its salutary effect upon the local inflammation of the throat, when the acid is put in use at an early stage of the disease, not among the least of its benefits. It appears to me I had fewer anginose cases to contend with than some of my brethren who did not use the acid; I certainly had fewer than I ever before had in the same number of cases treated in the same period of time. I deemed it necessary to bleed but in a single case, and that proved fatal; not because the bleeding was inappropriate, as it for a while controlled the violence of the symptoms, but because the case was complicated with severe convulsions.

“Externally to the throat I used counter irritants, preceded by leeching where the local symptoms threatened to be violent. I found oil of turpentine and olive oil mixed in equal parts, or, in the proportion of two-thirds of oil with one of turpentine, applied every three or four hours, and the evaporation prevented by the application of a strip of flannel, a convenient means of obtaining my object. The sloughy ulcers of the throat, when met with, which was seldom, I treated satisfactorily by the application of nitrate of silver in solution, in the proportion of two scruples to the ounce of water, applied once a day. I found that this application can be much more effectually made by means of a nicely trimmed piece of sponge securely attached to the end of a whalebone handle, than by a camel's hair brush. I even prefer a swab, made by rolling a narrow strip of muslin on the end of a stick, to the brush. A very important indication in young children* is to keep the nostrils pervious, in order that the due aeration of the blood in the lungs may not be secured. This is done very effectually by throwing freely into those passages, by means of a small syringe, warm sage tea slightly acidulated with vinegar, and sweetened. Young children, too, as well as older ones who have become exhausted by the disease, require to have the tough mucus

*Very few children under the age of a year took the disease.

which obstructs the larynx removed from time to time. This, also, is best done by means of the syringe and the tea prepared as above described. Cool or tepid sponging of the surface was resorted to, with its usual tranquilizing effect. My cases of anasarca were treated chiefly with jalap and cream of tartar."

ART XII.—*Report of the Committee on Preliminary Education.*

Read before the State Medical Society, June 1, 1852.

The Committee to whom was confided the duty "of organizing a Board of Examiners" for Students about to enter upon the study of Medicine, &c., touching their mental qualifications and preliminary education, beg leave to report: That, in discharge of the duty assigned them, they have felt the full force of the many difficulties which present themselves, in the practical and successful arrangement of a plan which shall be adequate to the accomplishment of the important end designed, viz: The elevation of the standard of Medical Education.

Yet many as are the obstacles to be overcome, we are not without hope, that most, if not all of them, may be remedied by the *united influence* and *co-operation* of the profession.

That a high standard of education is essential to the success, and elevated moral standing, in all the learned professions, is a truth, so fully felt and acknowledged, that we feel it would be a waste of your time, were we to attempt any discussion of the subject before this intelligent assembly. Certainly, of *none*, it is more *true* and *important*, than of the medical profession. No one needs more than the Physician, the highest endowments both natural and acquired. No one needs a more thorough mental discipline, more varied or available information.

If commanding powers of intellect, the wealth of learning, or the fascinations of eloquence, become the orator, or jurist, or statesman, or divine; is it less important to the physician, who is intrusted with the health and lives of community? Let him, then, assiduously cultivate his mind, invigorate and enlarge it by habitual and manly use, and enrich it with the treasures of all appropriate learning.

That medicine is a responsible profession, may be seen by observing the relations which it sustains to society. All gradations in so-

ciety are alike dependent on us, and must sooner or later require our assistance. The philosopher and the divine, the statesman and the citizen, are all amenable to disease—are all inheritors of that sin which “brought death into the world, and all our woe;” and whether the couch of the dying be of either down or of straw and rags, the dark and rugged path-way to the tomb must be rendered smooth by the hand of the physician.

Thus charged with the health and lives of our patients, it is a duty we owe to ourselves, to the honor and welfare of the profession ; to society at large ; to guard the portals which lead to the temple of Medicine, and see that none are permitted to enter, who have not *strong natural capabilities*, coupled with a *sound preliminary education*.

Medicine is one of the most responsible professions on earth. It, therefore, should be learned, honorable, elevated and dignified. To make it such in Ohio, should be the great object of this Society. It is a lamentable truth, that the medical profession is fast being over-stocked—not with men of high mental and moral culture, but with a class of men assuming the name of *doctors*, totally unqualified for the solemn duties of the profession.

Talk as we may of empiricism among the Steamers, Eclectics, Hydropathists, Homœopathists, *et id genus omne*, but the fact cannot be concealed, that a large amount of quackery exists among those who profess to be the followers of a Mott, a Dunglison, a Chapman, a Pancoast—and in the West, a Drake, a Dudley, a Mussey ; and we might name hundreds of others, who have not only immortalized their names by their splendid acquisitions in medical literature, and profound knowledge of medical science, but have shed a *halo* of glory around the country which gave them birth.

In the consideration of our subject, there is a fact, however, to which we would direct your most serious attention. You have all, no doubt, observed that a species of *mania* is prevailing in the profession to *manufacture doctors*. If we cast our eyes over the various catalogues of the Medical Schools of the United States, we find a list of between two and three thousand annually in attendance—a large portion of whom “according to the testimony of Prof. Drake are destitute of a knowledge of the elements of a common English education. If not a majority, a large number of these students, after having attended a course of lectures—many of them not having read eighteen months under the direction of a competent preceptor—

start out in life, and advertise themselves ‘*doctors* ;’ and, as an essential preliminary, to bring themselves into notice, the two or three students, whom they have induced to read medicine, to secure the patronage and influence of their friends, without any regard to their mental or moral qualifications.

We would not magnify the evils of our present system of medical education—but feel assured we utter the language of stern and startling truth.

More than twenty years ago Prof. Drake declared that he could not be mistaken in asserting that a large portion of the profession in America were deficient in common school learning !

“I am constrained to say,” wrote the learned professor, “that the profession abounds in students and practitioners who are radically defective in spelling, grammar, etymology, geography, arithmetic and book-keeping. Were this confined to irregular members of the faculty, it would be an affair of little magnitude ; but extending to many of the graduates in all our Universities, it calls for unreserved exposure, and unqualified reprehension.”

Although these remarks were made many years ago, when the facilities for acquiring an education were far less than at the present time—and while we are proud to know that medical science has made rapid and important advances since that time, yet we cannot forbear to declare our solemn conviction, that to a very great extent, they are as applicable to the profession *now*, as they were *then*. And we feel assured that to this cause, more than any other, has regular medicine lost its once elevated and legitimate position, as well as its just claims to public confidence. It is from ignorance and quackery *in our own ranks*, more than from all other sources, that we have suffered.

And how shall these things be remedied ? The work would seem properly to belong to the people. They are most interested, because *they* are the sufferers. But in many instances they are unable to decide between the claims of regular medicine and the sheerest quackery of the day, and often the whole profession is measured, in the public estimation, by the blunders and ignorance of some charlatan sailing under other colors.

In vain will the profession look to the *people* for protection ! We have the power, and it is our duty to arrest the progress of this widespread and increasing evil. Or the practice of physic will be given

up to a set of rapacious knaves and blockheads, whose highest and most fond desire is *wealth*!

The remedy we propose is efficient, and at the same time, simple and practicable: *No young man should be permitted to engage in the study of medicine, who has not strong natural endowments, and a good English education.*

These are two grand pre-requisites which should ever be insisted on by private perceptors. They are essential and inseparable. Natural capabilities, unaccompanied with a respectable education, are insufficient, to master the elaborate and abstruse science of Medicine, and *vice versa*.

Neither medical schools nor *legislative enactments*, or National Conventions, can accomplish any thing towards salutary reform, in this particular, unassisted by the hearty co-operation of the private perceptor. Here is the starting point; with them must commence the *preventive system* which will exclude from our ranks incompetent men, and prevent their entering the profession.

To accomplish this desirable object, we would recommend the appointment of a "Board of Examiners" in accordance with the spirit and objects of the Resolutions offered by the Chairman of your Committee, and passed at the last meeting of this society, which resolutions we beg leave to make a part of our report, viz:

"Resolved, That a committee of three be appointed to nominate and report to this society at their next meeting, "a Board of Examiners consisting of five members, whose duty it shall be to examine all applicants who may wish to commence the study of medicine and surgery, touching their qualifications and preliminary education, and grant to such applicant, if found qualified, a certificate of his qualifications."

Resolved, That it shall be the duty of said board, to satisfy themselves that the applicant possesses sufficient energy of mind—is of good moral character, and has acquired a good English education, embracing a knowledge of Natural Philosophy, and the elementary Mathematical Sciences, including Algebra and Geometry.

Resolved, That no member of this society shall hereafter receive into his office any person as a student of medicine, &c., without a certificate from the Board of Examiners, stating that he has been examined and found qualified to commence the study of medicine, as herein provided for. Or on the presentation of a diploma from some literary college."

In adopting this standard of primary studies for students, we have aimed to conform to the recommendation of the American Medical Association on this subject—which, we feel assured, has been governed by the most liberal spirit to the student, at all compatible with his interest and standing in the profession, and the successful prosecution of his studies—or consistent with the honor and welfare of the profession and the public good.

We would not, therefore, be understood as limiting the student in his course of preparatory studies, to this standard, or as underrating a liberal and classical education. But where it is possible, would urge upon every young man who intends to pursue the study and practice of Medicine, to obtain, first, his degree of “Bachelor of Arts” in some reputable college. His diploma would furnish evidence of qualifications, and may be received as a voucher, equivalent to a certificate from the Board of Examiners.

To carry into effect the objects of the foregoing resolutions, we have corresponded with a number of gentlemen in different sections of the State, and are happy to be able to present the names of the following gentlemen, of high literary attainments, eminently qualified for the duties assigned them, who have expressed their willingness to serve as a “Board of Examiners” for the State Medical Society, and in this way contribute to the advancement of general science, and particularly the elevation of medical science.

We would, therefore, nominate the following persons as said “Board of Examiners:” viz :

Cincinnati.—William Green, Esq., Prof. Joseph Ray, M. D., Charles C. Matthews.

Dayton.—Robert W. Steel, C. Valandingham.

Springfield.—Prof. H. Geiger.

Mansfield.—Hon. Mordecai Bartley, Prof. Isaac J. Allen, M. D.

Columbus.—Asa D. Lord, M. D.

Chillicothe.—Rev. Samuel Findley.

Cleveland.—George Hoadley, Esq., William Slade, Jr., William C. Beattie.

Steubenville.—Benj. Tappan, M. D., R. S. Moody, Esq., Chas. C. Beattie, Esq.

Marietta.—J. D. Cotton, M. D., Hugh Trevor, M. D.

In this arrangement of the board, we have deemed it best to increase the number to *twenty*, and to locate them at a number of prominent points in the State. In doing so, we have been governed by

a desire to render some one of the members acceptable to every student in the State, within the distance of a day's travel, and also to divide labor so as not to make it burdensome on the members of the board.

We would make it the duty of each one of the board to keep a record of the *time, name and result*, of every student examined and passed, and report the same to the Secretary of the State Society, annually, a month preceding the meeting of the Society; in which report it would be well to distinguish the standing of each, by the terms *qualified, well qualified, and very well qualified*, as it will act as an incentive to applicants, to make higher attainments in their preliminary studies. These reports should be filed and preserved by the Secretary—which will, in time, form an important item of statistics in the history and medical literature of Ohio.

By the third resolution it is made absolute and binding on the members of the State Society, to receive no student into their office hereafter, until he shall have passed an examination before the “board” and obtained a certificate of qualifications. Here our power or authority ceases. We would, however, most earnestly *recommend* to every regular physician in the State, who loves his profession and desires to advance its interests, by elevating the standard of preliminary education, to conform to the spirit and letter of the resolutions; whether he be a member of the State Society or not.

If the State Medical Society will take this stand in favor of a uniform and higher standard of primary education, we feel assured that every high-minded honorable perceptor in the State will gladly conform to the requisition. It will free them from the unpleasant task and responsibility of refusing to take young men into their offices, whom they know to be deficient in mental capabilities or primary education—a position which few have the moral courage to meet, especially if the applicant is a young man backed by a large and numerous circle of friends and relatives of wealth and influence, the patrons of the perceptor. A case, as we are confident, by no means uncommon. By adopting this plan of requiring a certificate of qualifications from a “board of examiners,” we shift the responsibility, and secure a uniform and higher order of primary qualification in the student.

Another very important result, it is believed, will follow the organization of such a board of examiners. It will furnish a better

class of students for our medical schools, and lay the foundation on which we may ask and expect their co-operation, by requiring a higher standard of qualification in the candidate for the doctorate.

We would therefore *recommend* to the medical schools in Ohio, to demand of all candidates for graduation ; first, a certificate from the preceptor, of his good medical reading, stating the length of time he has read medicine. Second, that he shall also furnish a diploma from some respectable literary institution, or, in the absence of such testimonial, he must furnish a certificate from some one of the Board of medical examiners, of his qualifications to enter upon the study of medicine, as provided for in the foregoing resolutions.

In this connection there is another point to which we would call the attention of the private preceptor, which we deem of vital importance. It is the regular daily or semi-weekly examination of their pupils, upon the various branches of their course of studies. We know that this is a matter too much neglected. No preceptor discharges his duty to his pupil—to the professors in the schools, or to the public, who fails to discharge this duty; and yet how few perform it as it should be ! Were our students regularly examined in this way, they would be more familiar with the subjects of their studies, and be much better qualified for the quiz class. It would overcome that embarrassment which often prevents him from telling what he does know, and it would correct many erroneous opinions which he may have embraced, and save him the mortification of having them exposed and corrected before a public class.

If we view this subject in the spirit of an enlightened philosophy, we cannot but see how great are the responsibilities of the physician. It is his mission to mitigate human suffering and woe—to rekindle the lamp of life about to be extinguished—to throw the sunlight of joy and peace around the social circle—to restore to the domestic fireside the music of love, and hope and happiness—and is it not a glorious mission ?

Then, let each member of this Society labor to elevate the character and standing of our profession, and endeavor, by every honorable means to advance its interest and its dignity.

Whilst other departments in the arts and sciences are marching forward, with gigantic strides, to fame and usefulness, we owe it to ourselves and to society, to exert all our energies to redeem the profession from the degradation to which *quackery* and *neglected education*

have reduced it, and to raise it to the high and honorable position to which it is justly entitled.

When we do this, and not till then, will we see regular medicine triumph over ignorance and prejudice, and quackery, in all its hydra-headed forms. Then we will see our medical colleges thronged by students of a higher order of talents and literary attainments.

All of which is respectfully submitted.

P. J. BUCKNER, M. D.,

Chairman.

The Committee to whom was re-committed the report on "the preliminary studies of students about entering on the study of medicine," beg leave further to report: "That we have most cheerfully complied with the instructions of the Society so far as we have been able, or have been furnished with the means or data to carry into effect the instructions of this honorable body, in the following particulars, viz :

1st. We concur in the suggestion of adding two members from each auxiliary society, and two from each county where there are no auxiliary societies, throughout the State. But for want of a knowledge of proper persons to supply the list, must necessarily return the report incomplete ; but beg leave to suggest that leave be granted, either to the Chairman of your Committee, or to the Secretary of this Society, to complete the Board as above indicated, as soon as practicable after the adoption of the report, should that be the final action of this body.

2d. We would further recommend that the following gentlemen be added to the board of examiners, viz:

Shelby County—M. R. Wyman, and Rev. Mr. Spence.

Butler County—Isaiah Scott, Esq., Professor Anderson of Oxford.

Summit County—James Carpenter, Esq. L. V. Bierce, Esq.

Preble County—W. J. Gilmore, Esq., and Felix Marsh, Esq.

Knox County—Hon. R. C. Hurd, W. J. Smith, Esq.

Licking County—Prof. Carter, of Granville College, S. D. King, Newark.

Athens County—Prof. A. Ryors, of Ohio University.

Columbiana County—Dr. B. Stanton, Salem.

Lorain County—Professor James Dascomb, M. D., Hon. P. Bliss.

In reference to the amendment of the report offered by Professor Edwards, and the amendment to the amendment, offered by Prof. Baker, we beg leave to report, that we have given all the reflection which the short time allowed us would permit, and with due regard to the high sources whence they emanate, have not been able to see that any advantage would be gained by their adoption, but beg leave respectfully to say, that after having weighed well the arguments in support of these, we believe their adoption would lessen, if not render nugatory, the objects of the report. And beg leave to report it back to the Society, with alterations and additions, as above specified.

All of which is respectfully submitted.

P. J. BUCKNER.

[NOTE.—We ask of some regular Physician, who feels an interest in this matter, to procure the consent of *two* literary gentlemen who may be willing to serve on this “Board of Examiners” and forward their names to the Chairman of the Publishing Committee, W. W. Rickey, of Cleveland, from all the counties of the State, not provided for in the above report, that the Board may be full before the proceedings of the Society are published. We hope they will be careful to select men true to scientific medicine.]

PART THIRD.

FOREIGN INTELLIGENCE.

TOXICOLOGY.

ART. I.—*Deaths from Anæsthesia.*

The British and Foreign Medico-Chirurgical Review, for January, gives the following summary of the deaths from anæsthesia, in the order of the occurrence of the cases. The list does not include several cases which have occurred within the last eighteen months, nor, as the writer remarks, “at least five well-authenticated deaths from needless and careless use of chloroform in this country [England] alone, or of numerous cases where dangerous symptoms have been observed, or death obscurely traced :

“1. Hannah Greener, aged fifteen, was greatly afraid of respiring the chloroform—only about two drachms were used—insensibility was produced in half a minute, when the removal of a great toenail was commenced; death occurred in about two minutes.

2. Case at Cincinnati, aged thirty-five, apparently in good health, was chloroformed for about a minute for extraction of a tooth; death occurred in five or ten minutes.

3. Patrick Coyle, chloroformed for fistula: he inhaled for about a minute, and almost instantly expired.*

4. Mdle. Stock, Boulogne, aged thirty, subject to palpitation, and chlorotic; inhaled about fifteen or twenty drops; operation, opening of an abscess in hip; death almost instantaneously.

5. Daniel Schlyg, aged twenty-four, had a thigh fractured by a ball during the days of June, in Paris, and was in a state of profound depression; he inhaled the chloroform for about three minutes, amputation at the hip joint was performed, and death occurred in three quarters of an hour.

6. Walter Badger, aged thirty-three, had heart and liver disease; he inhaled chloroform for about a minute, previous to the extraction of a tooth; the operator, Mr. Robinson, of London, was absent for less than a minute to seek some chloroform, and found his patient dead on his return. The inhalation took place from an apparatus.

7. A young woman of Hyderabad, was chloroformed for amputation of middle finger of left hand; about a drachm of chloroform was used; death almost instantaneous.

8. John Griffith (Warren) had chancres and hemorrhoids; inhaled about three drachms, and died in about ten minutes, during the excision of the hemorrhoids.

9. Abbey Pennock (Warren) inhaled about three drachms in two applications, to relieve the pain of toothache, and died almost immediately after the second application.

10. Example by M. Malgaigne. A man, one of the wounded of the three days of June, had the humerus broken by a ball, and was a good deal weakened by hemorrhage and gangrene of the wound; was chloroformed, and the humerus disarticulated; new inhalations

*The case of Coyle is given by Dr. Warren alone.

were taken during the search after the ball, and he died during the last incision.*

11. Charles Denoyers, aged twenty-two, was affected with white swellings of the left wrist, and chloroformed at the Hotel Dieu, of Lyons for five minutes before and during cauterization of the tumours; death took place shortly after the commencement of the operation.

12. Case of M. Roux; removal of a scirrhus breast; death before quitting the amphitheatre.

13. Case described by M. Guerin, as having taken place at the end of the operation.

14. Case at Govan; a young man chloroformed for removal of the great toe-nail; death almost immediate.

15. Case of M. Barrier, of Lyons; a young man named Verrier, aged seventeen, inhaled from six to eight *grammes* of chloroform for about six minutes, for an amputation of the finger, and died in about half a minute afterwards.

16. At the Hospital of Madrid (Bouisson,) a child of twelve years being chloroformed for an amputation of the leg, was seized with a tetanic spasm, and died in a minute and a half.

17. By M. de Confevron, of Langres. Madame Labrune, aged thirty-three, of a nervous temperament, was chloroformed for the extraction of a tooth; almost instant death.

18. Mr. Solly's case; a man aged forty-eight, apparently in perfect health, inhaled rather more than a drachm of chloroform from an inhaler for about three minutes; then a toe-nail was removed; and death took place in about six or seven minutes from the beginning.

19. Case at Leeds, Robert Mitchell; chloroform applied during an attack of delirium tremens, by M. Teale; death about an hour afterwards. (Hardly a clear case.)

20. Case at Shrewsbury; a girl named Jones; only a small quantity of chloroform was given before proposed extirpation of the eyeball; almost instant death, as from apoplexy.

*Dr. Warren gives 10 fatal cases, but inserts the cases which we omitted for the reasons above given. This last case is our 9th; and our 11th is the 7th of M. Bouisson, who, like us, excludes suicidal cases, and such like. He gives 15 cases; his last is our 17th.

21. Case at Berlin ; a young lady died during the extraction of a tooth, from the alleged effects of about half a drachm of chloroform.

22. Case at Guy's Hospital, referred to in "Medical Gazette" for June, 1850.

23. Aschendorf's case ; a child of one year old operated on for a nævus under the influence of chloroform ; only about nine drops were used ; death on removal from the table.—*British and Foreign Medico-Chirurgical Review*.

ART. II.—*Eaters of Arsenic.*

A letter from Vienna, dated October 28, 1851, to the *Gazette des Tribunaux*, has the following details:

A few days ago, the assizes opened at Colli, in Styria. Among the cases was that of a charge of poisoning. The victim was an old soldier, named Wurtzel, who died suddenly, in the month of May last, and in whose stomach, on examination, arsenic was found. The Vienna newspapers, in giving an account of the case, report that the court, in submitting it to the jury, presented the following question: "Was the deceased an arsenic eater?" To which the jury replied, "Yes, he probably was."

This question and answer have excited great interest, and it was at one time supposed that the report was altogether suppositious or erroneous. But the following explanation is now given on good authority: "In the province of lower Austria, and of Styria, bordering on Hungary, it is quite common for men to chew particles of arsenic, mixed with their bread, very much like the Chinese chew opium. The absorption of the small quantity thus used, induces a fresh and clear complexion, and to a certain extent, brightens the intellectual faculties; but with those who make a habit of thus eating it, there follow, before long, debility and premature death. Females do not at all indulge in it, and the few men thus distinguished are known by the name of *eaters of poisons*—*Med. Chiurg.*, December 16, 1851.

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

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- 1—*The History, Diagnosis, and Treatment of the Fevers of the United States.* By ELISHA BARTLETT, M. D., Professor of Materia Medica in the College of Physicians and Surgeons of New York, etc. etc. Third Edition, revised. 8vo. pp. 595. Philadelphia: Blanchard & Lea. 1852.

We are happy to see a third edition of Prof. Bartlett's work on Fevers called for so promptly. It is alike creditable to the reputation of its author, and good judgment and discrimination of the profession by which it is so cordially received. We do not propose to give an outline of the work, nor quotations from its pages, as these are unnecessary—every intelligent physician is more or less acquainted with its merits; we wish simply to announce the fact that a new revised edition of the work is out—more would be superfluous. Dr. Bartlett is one of the most (and perhaps the *most*) graceful of American professional writers. His classification is perfectly systematic and natural—his descriptions clear and unambiguous, and his arguments and conclusions commend themselves to the good sense of every intelligent reader. The work will doubtless, as it deserves, meet with a liberal sale.

Sold by J. H. Riley & Co.

- 2—*Clinical Reports on Continued Fever, based on Analysis of one hundred and sixty-four cases, with remarks on the management of Continued Fever; The identity of Typhoid Fever, Relapsing Fever, Diagnosis, etc. To which is added a memoir of the transportation and diffusion by contagion of Typhoid Fever, as exemplified in the occurrence of the disease at North Boston, Erie county, N. Y.* By AUSTIN FLINT, M. D., Professor of the principles and Practice of Medicine, &c., in the University of Buffalo. 8vo. pp. 390. Buffalo: Geo. H. Derby & Co. 1852.

There are few works in the possession of the medical profession which contain so large a collection of thoroughly generalized facts, as the

one alluded to above. The subject of investigation and discussion is one of paramount interest. Continued Fever, a disease which for several years has been somewhat prevalent in New England, is now spreading all over our country, and threatens to invade every household. It is a disease of the utmost gravity, and very probably it will become more and more prevalent as billious and malarious affections subside. It is a disease too, about many points of which there is yet considerable controversy, and it behooves physicians to *post themselves up* as far as possible, in regard to its nature and management, so as to be prepared to treat it successfully.

Few, indeed, can appreciate the vast amount of labor bestowed in the preparation of this work. It is a book of *facts*, not *jumbled* together in heterogeneous confusion, but assorted, arranged, and systematized, so as to make the basis of general principles and clear conclusions. It is a book made where few books *are* made—as its materials are drawn fresh from the bedside, and being arranged and transposed in every possible manner, truth, reliable truth, is evolved, which cannot fail to enlighten those who wish to study the history of this disease.

Space, and the design of our Journal, forbid us making any considerable quotations for the benefit of our readers, but we take pleasure in saying that Prof. Flint has laid the profession under lasting obligations for this able and faithfully elaborated contribution to our professional literature. We commend the work understandingly, not merely from an examination of it, but from our knowledge of its author. Unfortunately standard works are frequently put into our hands for whose truthfulness we cannot vouch. It is a lamentable fact that many men whose veracity is more than questionable at home, write and make books which are widely distributed abroad, where their authors are not known. The author of the above work is a reliable man—his facts *are* facts, and his generalizations are philosophical, and we have no doubt the profession will award to him the high credit he deserves.

We advise our readers to purchase and read it.

3—*Lectures on the Principles and Practice of Surgery.* By BRANSBY B. COOPER, F. R. S., Senior Surgeon to Guy's Hospital, etc. 8vo. pp. 771. Blanchard & Lea, Philadelphia: 1852.

However defective and circumscribed our Surgical Literature may

have been formerly, there is not now, neither is there likely to be, a paucity of works on the principles and practice of Surgery, for the guidance of the student in the pursuit of his studies. Notwithstanding, our American profession seems inclined to provide for itself in this respect, and has done so to a very fair extent yet our trans-Atlantic brethren are far in advance of us. Almost every steamer brings over some new work from the English or French press, which for some peculiar reason, is deemed by the author a desideratum to the profession. It has only to find its way to Philadelphia, where obstetricians of a certain kind, always in pursuit of a case, attend its "passage" through the press, and preside, with the utmost professional dignity over its birth, and who, as an advertisement of their eminent attainments, stamp their new, and frequently unheard of name on the "new-comer's" forehead. A few have the temerity to make their advent upon us unattended by professional aid, and become adorned with an American dress, as reputable as those which have more respectable relations. To the latter, and much the smaller class, the work of Mr. Cooper belongs.

Respecting its merits, we may say with confidence, that it is a plain, unadorned, systematic exposition of the principles and practice of Surgery. It is neither "short nor prolix." The author is not a professional book maker. He hates all that tribe of men who make books out of other men's brains. He denominates them *thieves* and *robbers*, and will not associate with them. His work is founded upon his own experience, and he writes like a man who knows the impotencies, as well as the powers of his art. Though plain and unambiguous, his style has neither the beautiful simplicity of that of the great Sir Astley, his uncle, nor the elegance of Miller, nor the originality of Fergusson. Although he is not a man of genius, nor of extraordinary talents, Bransby B. Cooper is an old soldier in the work. His experience having been varied and extensive he is competent to make valuable contributions to the literature of his department, and he has done so. We think it will become a standard work on Surgery.

Sold by J. H. Riley & Co.

- 4—*The principles and Practice of Surgery.* Illustrated by three hundred and sixteen engravings. By WILLIAM PIRRIE, F. R. S., Regius Professor of Surgery in the Marischal College, and University of Aberdeen, etc., etc. Edited, with additions, by JOHN NEILL, M. D., Surgeon to the Pennsylvania Hospital, Demonstrator of Anatomy in the University of Pennsylvania. 8vo. pp. 784. Philadelphia: Blanchard & Lea. 1852.

It is not pretended by the author that this work has any peculiar claims to a favorable reception, above others of a similar character. It was written and published in compliance with the expressed wishes of his surgical classes, and he asks at the hands of others a candid consideration.

From the examination we have been able to give the work, we are strongly inclined to recommend it. The author has succeeded in combining simplicity of arrangement, conciseness and clearness of expression with the elucidation of sound principles and practice. In the elaboration of the various subjects, the work is more full and complete than that of Druitt, whose work is widely distributed and well known in this country. We are of the opinion that this will make an excellent standard work, and well adapted for reference for the general practitioner. The publishers have executed their part in a beautiful and workmanlike manner.

Sold by J. H. Riley & Co.

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- 5.—*On the Surgical Treatment of Polypi of the Larynx and Œdema of the Glottis.* By HORACE GREEN, A. M., M. D., President of the Faculty, and Professor of Materia Medica in the New York Medical College, &c., &c. 8vo. pp. 124. New York: G. P. Putnam, etc.

No monograph, we believe, has hitherto been published on Polypi of the Larynx, and the literature on this subject is extremely limited. Dr. Green, of New York, whose reputation in the treatment of throat diseases is world wide, has thought proper to write a book on this rare affection. In the annals of surgery there have been but thirty-nine cases of the kind recorded, a great majority of which terminated fatally. Six of them occurred in New York, four of them were detected by the author, and two by Prof. Parker. Since nearly one sixth occurred in the practice of two physicians only,

Dr. Green, very justly, we think, concludes, that "it is quite reasonable to suppose that a larger number of instances of polypous growth, than all of those hitherto observed, have existed undiscovered, and have been, in fact, the undetected cause of death in many cases." Most of the cases on record died of absolute suffocation, and the causes of this suffocation were not detected till after death.

This being the fact, notwithstanding the comparative rareness of the affection, it forms a subject worthy of a monograph, and we know of no one more competent to make it, than the man who has already executed the task.

After giving a brief outline of all the cases on record, Dr. Green gives his own in detail, and accompanies them with very well executed lithographic plates, which facilitate materially their elucidation.

The work closes with a history of four or five cases of *Œdema* of the Glottis, with practical remarks thereon. This, under ordinary treatment, though quite local, has been a very fatal disease. It is very well known that a very slight degree of swelling from infiltration into the sub-mucous cellular tissue of the Larynx will effectually obstruct the passage of air through that important organ. Dr. Buck has written an article on this subject, which was published in the transactions of the American Medical Association, and made some improvements in the treatment of the disease, in the way of incisions, to allow the escape of the infiltrated serum in the parts adverted to. Dr. Green resorts to his favorite remedy, concentrated solution of nitrate of silver, sixty grains to the ounce, by which, according to his own account, he rescues patients in articulo mortis from occlusion of the laryngeal passage, and restores them speedily to health. While we believe that his representations of the efficacy of nitrate of silver in such extreme cases, are extravagant, we would certainly adopt his plan before proceeding to the formidable operation of bronchotomy.

No one can deny that Dr. Green has made many valuable contributions to the surgery of the air passages, and has done much to disarm laryngeal phthisis of its terrors, yet his professional brethren complain of him, and allege that his course is not professional; whether or not these imputations are true, we do not know; but from information from various sources, we are led to believe that while his treatment of disease is mainly scientific, and frequently followed by delightful results, he allows himself a latitude in prognosis not justified by the nature of the diseases he treats, nor what he knows frequently must be the final destiny of his patients. We

have known persons laboring under confirmed phthisis who were made to believe by him that their recovery was certain, and that their diseases were *cured*. This is not right—yet as the obliquities, as well as the weaknesses of human nature have sometimes to be overlooked, we pass over these matters, and ask our friends to purchase this valuable monograph of Dr. Green and read it. Its careful consideration may result in the saving of many precious lives.

PART FIFTH.

EDITORIAL AND MISCELLANY.

OUR FIFTH VOLUME.—We commence the publication of the fifth volume of the Journal, with renewed energy and with a variety of encouragements that stimulate us to increased exertion for the benefit of our readers. Many of our delinquent subscribers have paid up *old scores*, while our subscription list has been materially extended. Almost every mail brings us the name of a new subscriber. For all these favors we are duly thankful. While we congratulate ourself upon our flattering prospects, we would remind those yet in arrears that the terms of the Journal are two dollars a year *in advance*. For this consideration, we hope to be able to serve up bi-monthly a tolerably delectable repast for all our patrons.

CHOLERA AND DYSENTERY.—Since the issue of our last number, the Cholera has continued to prevail, to a limited extent, in Columbus, and in a few of the towns in its vicinity. As our city authorities did not think proper to organize a board of health nor appoint persons to ascertain the extent of the disease among us the present summer, we are unable to give an accurate statistical account of its mortality. We believe that about fifty or sixty persons have died of Cholera since the 20th of June last. The disease, when fully developed, manifested its usual malignity, and, with few exceptions, proved fatal; but there were a great number of cases bearing the symptoms of incipient cholera, which yielded directly and kindly to

opium, calomel, camphor and aromatics, with rubefacient counter-irritation. How many of these would become, without treatment, confirmed cholera, we believe observation will not enable us to determine.

In the early stage of this fearful malady, there is perhaps little doubt as to the efficiency of the remedies adverted to. If there is value in experience, we cannot avoid the conclusion that opium will allay the irritation of the stomach and moderate the peristaltic action of the bowels; that mercurials will excite a flow of bile and render the alimentary evacuations more consistent; that camphor and aromatics will quiet nausea and give tone to the stomach, and that rubefacients will act as salutary revulsives. They will produce these desirable results, provided always that the organs to which these remedies are addressed, have not lost their impressibility to such stimuli. But there are very strong doubts in our minds, at least as to their remedial powers, in fully developed cholera. That such cases do occasionally recover, every physician of experience will affirm. Some under one plan of treatment, and some under another, while others and perhaps an equal number, recover in absence of all treatment, or what is equivalent to it, Homœopathic treatment!! Several cases have come under own observation, which have laid for days in a partially collapsed state, with frequent discharges, and at the same time they were taking sugar pellets medicated with infinitesimal doses of *nothing*; and strange to say, they recovered, as every man in his senses knows, without medicine. The former class of patients recover uninfluenced by the most potent remedies: the latter class recover entirely without them—while each class of champions of the healing art boast, but not according to knowledge, of the trophies of their skill and the transcendental excellencies of their plan of treatment. Truly there are fallacies in medicine, as well as in the other professions, and the wisest are liable to be deceived by the ever-varying circumstances by which cases of the same kind are surrounded.

The *Cholera* has not altogether left our borders; but

The *Dysentery* has perhaps been unusually prevalent among us during the present summer. As, on former occasions, the latter disease has accompanied and followed the former. Indeed all "bowel complaints" have been rife, and few have entirely escaped a disordered condition of the alimentary canal. Typhoid fever has made its appearance, but usually in a sporadic form. Intermittent

fever has not transcended its ordinary prevalence at this season of the year. The disparity between the prevalence of dysentery and intermittent fever, would, we should suppose, be a matter of surprise to those who believe that both these diseases arise from the same malarious origin, and consequently should be treated with the same anti-periodic, *quinine*. This notion, we are convinced, is a mischievous one, as will be seen presently.

Several physicians have applied to us by letter, for our views as to the most appropriate treatment of dysentery. We can readily imagine how a few partial friends might be desirous of obtaining them from our own hand ; but we have not the vanity to suppose that our notions as to the treatment of this disease would attract the slightest attention from the profession at large. First, because we have nothing new to offer ; and, second, because, if we had, our professional reputation is not sufficient to enforce the trial of our suggestions to any considerable extent. Nevertheless, it may be our duty, and it certainly affords us pleasure to give our testimony in regard to—we had almost said, the omnipotence of *opium* as a *sheet anchor* to the treatment of this most distressing malady. This remedy must ever be the main reliance, and so far as this disease is concerned, *it is the blessed boon from God to man!* Without it, the agonies of death are unequal to the tortures of violent dysentery. With it the indescribable pains are alleviated, and the patient falls at once into comparative ease and rest.

But *opium* is not the *only* remedy in dysentery. We have unshaken confidence in the use of occasional doses of saline purgatives. Epsom salts to the adult, and Rochelle salts to those of tender age. These purgatives we administer every third or fourth day. They act in a salutary manner in several ways. 1st. They irritate the bowels less than almost any other cathartic medicine. 2d. They sweep out the alimentary canal as thoroughly as any other. 3d. They produce, for the time being at least, nearly natural bilious evacuations, and sometimes the dysenteric discharges never return after their operation. 4th. They seem, by their hydragogue powers, to disgorge the capillary vessels of the mucous membrane of the lower bowels, by which they are enabled to contract upon themselves, and to resume thereby more nearly their normal calibre. The last idea is purely theoretical and must be so, as we have no means of verifying their effects in this respect.

MERCURIALS are remedies of undoubted power in many cases of dysentery, but we doubt whether they should ever be pushed to salivation. In cases unaccompanied by intense irritability of the stomach and bowels, they excite a flow of bile and open the other secretions, and thereby accelerate the cure; but their use is generally far from being indispensable.

We have frequently administered *quinine* in cases where we supposed it to be most admissible, but we confess we have never been pleased with its action. While it has never with us arrested the disease in one individual case, unless complicated with well-marked intermittent fever, it has often aggravated the symptoms, and in our opinion protracted the cure. We regret that our experience in this particular does not correspond with that of others whose testimony is worthy of the highest respect. The practice of one or the other must be based upon erroneous pathological views, and are liable at least to result in injurious consequences. A case illustrating the questionable influence of quinine in dysentery occurred, not long since, in the person of an eminent physician in a neighboring county, who, during the prevalence of this disease declared, should he be attacked by it, he would never die by debility or for the want of an anti-periodic. Soon after he was attacked by dysentery, and he plied thoroughly, as he intended, quinine, his sovereign remedy. His disease proved intractable, and he died without the slightest alleviation of his symptoms. On post mortem examination, his colon was found to be one mass of ulceration. We are inclined to believe that physicians, attacked by dysentery, are more likely to die than others, probably from their aversion to the full effects of opium, as well as all other active remedies in their own persons.

During its prevalence in Columbus, the disease has proved fatal in but few instances. We regret to say that our ranks have been broken again, and that one of our esteemed and reputable professional brethren has been stricken down within a few weeks. Dr. Samuel Z. Seltzer, aged about fifty years, was unexpectedly taken from among us by dysentery while in the enjoyment of a large practice and the unqualified respect of all who knew him.

HASSALL'S MICROSCOPIC ANATOMY.—Few perhaps of our readers have had an opportunity to examine this splendid work in two royal

octavo volumes. The first being occupied by the text, and the second entirely by plates with their explanations. We have never seen any work in the English language which does more full and complete justice to its subject or more credit to its author and publishers than this. Every elementary fibre and corpuscle, individually and collectively, both in a healthy and diseased state, are clearly described in the text, and beautifully illustrated in the plates. It is a work before all others, in this department of medical science.

We invite our readers to take the earliest opportunity to examine the work for themselves, should it be brought within their reach by Mr. L. S. Pease, of Painesville, Ohio, who is the agent for its sale and distribution in the West.

MEDICAL SCHOOLS AND PROFESSIONAL CHANGES.

Inasmuch as the number and condition of the Medical Schools of our country, together with the mutations to which they are liable, are matters of general interest to the profession at large, we are inclined to give them, through the medium of our Journal, so far as they come to our knowledge.

First, then, a new school has been organized in Cincinnati! called the Miami Medical College. Its corps of professors are able and ambitious men. Of course they are ambitious, or they would not have entered upon such an enterprize, to struggle with the difficulties and competition that await them. The veteran Dr. Mussey, who does not feel quite resigned to the retirement which the Ohio Medical College has indirectly urged upon him, is at the head of it. He has for his colleagues several of our personal friends, in whose welfare we feel an abiding interest. Cincinnati is highly favored, so far as Medical Schools are concerned. Indeed, she is almost "blessed to death." True, only a portion of them can be considered as orthodox. Yet the number of each reminds us of the family of the good pious lady who was asked by her new parson how many of her children had been baptized? She replied "all but eleven." "She had thirteen more who were still in the gall of bitterness." All the Colleges of Cincinnati have been baptized in the regular faith but three!! As each school must be manned by a corps of about seven professors, these personages must be becoming as numerous in that voluptuous city as the locusts of Egypt; yet we would not by any means insinuate

that the former were as *destructive*, in their progress, as the latter. On the contrary, we would like to believe that professors are more thoroughly qualified to practice their profession, as a general rule, than laymen. If this be the fact, the relative mortality of Cincinnati must be, to quote a fragment of one of our former colleague's anecdotes, "very minute." How is this, neighbor Lancet?

From various indications, we have been led to believe that there was a kind of epidemic which has prevailed to some extent in the profession of our Queen City. It may be denominated *cacoethes legendi*; and now that this new school is organized, we doubt whether this very purient epidemic will be suppressed; for there are a great number of professional gentlemen, those who, finding that "honors are easy," will not be satisfied to be considered as "Outsiders," but will ere long form another school by which to gratify their ambitious views, and to provide the people with scientific practitioners.

We beg our friends will pardon our allusion to what may be their business, and not ours. Those who are anxious to know the details of this new organization, we would refer to the pages of our advertising department.

We are credibly informed that the Medical School at Indianapolis, which has, for a few years, sustained a rather feeble existence, has been abandoned.

Professors Flint and Palmer, who occupy the chairs of Theory and Practice and Anatomy, in the University of Buffalo, have been appointed to the same chairs in the University of Louisville, to fill the vacancies produced in that school by the resignation of Professors Drake and Cobb, who were appointed to the chairs of Practice and Anatomy in the Medical College of Ohio at Cincinnati, *mutatis mutandis*. All are ready for their respective sessions of toil.

SPECTACLES AND CUTLERY.—We would say to our friends that Blynn and Baldwin have a very large and excellent collection of Spectacles which are suited to every condition of the eye, requiring the aid of lenses. We procure, through them, our best cataract glasses. They have also fine cutlery; none, however designed, for surgical use.

For the Ohio Medical and Surgical Journal.

Ohio State Medical Society.

MR. EDITOR: This body held its annual session for the present year at Cleveland. The session commenced the 1st day of June, and terminated on the 4th, lasting four days.

The attendance was very respectable, so far as members were concerned, and comprised a fair proportion of the ability of the State.

For the ensuing year, Dr. H. A. ACKLEY, of Franklin county, was elected President, and Drs. McLANE and CAREY, of Dayton, Secretaries, and Dr. RICKLEY, of Cleveland, Treasurer.

The amount of business transacted during this meeting was not large, and the original papers read were very few. As these will be published, and laid before the profession, we omit any further notice of them, and refer to some things that in all probability will not be less interesting to a certain portion of the profession. We allude, among other things, to the subject of *Medical Education*.

As has been usual, for a number of years, this subject soon took a prominent place in the deliberations of the Society.

It will be recollected by those conversant with the transactions of last year, that Dr. Buckner, of Cincinnati, was appointed Chairman of a committee, the object of which was to report a plan to guard the profession from being overrun with men destitute of sufficient preliminary education, natural intellectual energy, and good moral character. The resolutions, under which the committee was appointed, are as follow:

“*Resolved*, That a committee be appointed, to nominate, and report to this Society, at its next meeting, a BOARD OF EXAMINERS, consisting of *five* members, whose duty it shall be to examine all applicants, who may wish to commence the study of Medicine and Surgery, touching their qualifications and preliminary education, and grant such applicant a certificate, if found sufficiently qualified..

“*Resolved*, That it shall be the duty of said Board to satisfy themselves that the applicant possesses sufficient energy of mind—is of good moral character, and has acquired a good English education, embracing a knowledge of Natural Philosophy, and the elementary mathematical sciences, including Algebra and Geometry.

“*Resolved*, That no member of this Society shall hereafter receive into his office, any person, as a student of Medicine, without a certificate from the Board of Examiners, stating that he has been exam-

ined, and found qualified to commence the study of Medicine, as herein provided for, or on the presentation of a diploma from some literary college."

The report of the committee, of which these resolutions formed a part, led to a discussion which took a latitude embracing almost every thing connected with Medical Education.

Among those who spoke in favor of the adoption of the report were Dr. Delameter of Cleveland, Dr. Mussey, of Cincinnati, Dr. Murphy, do., Drs. Howard, S. M. Smith, and R. Thompson, of Columbus, Dr. Krider, of Lancaster, and Dr. Buckner, of Cincinnati, the author of the report.

Those who spoke against the report were Drs. Tom, O. Edwards, and Baker, of Cincinnati, Dr. Crane, of Eaton, Drs. Ackley and Stanton, of Cleveland.

Other gentlemen than those named made remarks, both *pro* and *con*.

The discussion upon these resolutions was characterized with earnestness. Several gentlemen spoke at length, although without much apparent preparation. Among those that it was our fortune to hear, were Drs. Howard, Edwards, Smith, Murphy, Baker, Delameter, Acley, Buckner and Mussey.

Upon which issues were taken, there were several points.

By those who spoke in the *affirmative*, it was contended, that the resolutions contemplated commencing the reform in medical education in the right place—at the threshold of the student's medical life, that the profession could be more successfully guarded at this place than at any other; that a good English education, as contemplated in the report, ought to be regarded as an indispensable prerequisite to those who aspire to become students of medicine; and that notwithstanding a few instances of success, and even distinction, may be adduced, where the primary training has been limited, the rule is not, as a consequence, the less positive or valuable, and that the appointment of a Board of Examiners, consisting of literary gentlemen, unconnected with the profession, whose duty it will be to examine all applicants who wish to study medicine, and if found qualified, to grant them a certificate to that effect, will interest another class of influential men in guarding the interests of the profession, and take from private preceptors a portion of the responsibility of making physicians.

Those who spoke in the *negative* contended that there were about 3500 physicians in the State, only about 250 of whom had ever had any connection with the State Society, and, as a consequence, if the Society adopted the report, there would be only about one physician in every fourteen, of the State, who would feel themselves under any obligation to comply with the mandates of the Society; that the tendency of the measure would be to drive students of medicine out of the State, to places where the restraints were less rigorous; that the measure was wrong in principle, because it takes away from medical men, who, it was alleged, are certainly the best judges, the right to decide upon the fitness of the student to enter the profession; that the measure, instead of being addressed to the profession in the terms of respectful request, is *mandatory* in its character, to all members of the Society, making those liable to excommunication, who do not think proper to comply with its terms; and lastly, that it is in advance of public opinion, and as a consequence, will not likely be respected, much less strictly observed.

Such is a very brief outline of the arguments used on both sides. By some of the speakers they were considerably elaborated.

By recurring to the names of those who participated in the discussion, it will be observed that some of them are professors,—the others "*laymen*."

Of their style of speaking in general, we cannot omit a brief notice. Being in the habit of speaking on subjects in the general way scientific, it is not to be expected, of course, that medical men could speak without some inconvenience, where they at once entered the arena in the character of controversialists. The didactic style of speaking, and the *ipse dixit* of the teacher are very different from that in which every position taken and argument advanced are to be examined by an opponent, and submitted to the crucible of ridicule, sarcasm, &c. It is true that lecturing upon science requires a cultivated and well disciplined mind. Debating requires not only these, but a good stock from which to draw for position and proof, quick perception to see the points most important to be refuted, a good judgement to discriminate between what can be disproved, and what is only made more obvious by the attempt to disprove it; some knowledge of Logic, to know the difference between an argument and a sophism; more or less acquaintance with Rhetoric, to know how to arrange matter, that it may have the greatest possible amount of elegance, clearness, and force; and lastly, a little wit and humor

comes in very good play, to keep the attention of hearers, and furnish something in the way of amusement.

During the course of the debate there was some considerable variety of manner exhibited. We observed some that were too timid to speak well. From what we knew of their stock, they doubtless could have edified the Society, and have done themselves a credit, had they been sufficiently accustomed to off-hand extemporaneous speaking to have inspired them with self-confidence. It has been said, and well said, that next to confidence in the Lord, a proper confidence in one's self is the most important element of success.

Instances we have occasionally noticed at these meetings, in which the *matter* of the speaker, although too radical or ultra, would nevertheless have passed off pretty well had not the manner been objectionable. If good matter accompanied with a disagreeable manner frequently fail to accomplish the object in view, of course when both are objectionable, there can be no question about the result. The speakers to whom we are alluding, possess something of the *vehement* style of Bolingbroke. Like this great man was in the habit of doing, they pour themselves forth with great impetuosity, often flowing strong, but occasionally muddy; declaiming with heat rather than deliberation; generally copious to a fault; not unfrequently placing the same subject before the hearers in many different views; and occasionally heaping and crowding a number of things upon one another, as naturally happens in the warmth of speaking. But unlike the author to whom we have alluded, they seemed not to conceive that any thing was necessary in order to conciliate the good will of the hearers. To this oversight, there was united a vindictiveness of manner, that showed that the speaker would rather destroy than persuade, and some attempts at cant, the tendency of which could not be otherwise than prejudicial, in discussions upon science.

Some instances we have noticed in which the speaker seemed to be afflicted with a kind of pruriginous desire to speak on every question that came up for consideration. As might be expected in such cases, his remarks in the general, were irrelevant, often applying to almost every thing else than the matter under debate; sometimes exceedingly prolix, taking up the time of the Society in speaking to positions that he did not understand, as was on one occasion proven by the manner in which several of this class of speakers voted. How strange is it, that medical men, than whom no class ought to know

better the impropriety of such a course, should be found occupying the time of their society, in extravagant verbiage upon every question that comes before it for deliberation. In medical matters, as all know, it requires more science to know when we should *not*, than it does to know when we should give medicine. So in Surgery—it requires more skill to know when an operation should *not* be performed than it does to know when it should be performed. The same, we imagine, is true of public speaking

Another class of speakers, very different from those noticed, occupied some of the time of the Society. Simple and unaffected in manner, their matter was perspicuous, concise and pointed. They rather seemed to speak from a sense of duty than from a desire to make themselves prominent, and, as a consequence, what they said was very acceptable.

In this connection we will notice another matter. We presume no one who has attended the meetings of the Society, has failed to notice the delinquency of a considerable proportion of our physicians in regard to a knowledge of parliamentary usages. So much is this the case, that they often, on meeting together, find themselves more or less embarrassed by the rules necessary to the order and dispatch of business. At the late meeting of this Society, so little attention was paid to the proper order of business, that some of the most important papers, those of an original character, and as a consequence those that should have had a prominent place in the proceedings, were postponed to the close, when three-fourths of the members had gone home.

We explain this want of a knowledge of parliamentary law, not on the principle that medical men know less of things generally than those belonging to any of the other learned professions, for the saying but emanated from a source of uncommon character, that of all the *learned* professions, the medical is the most so—but we explain it by what is familiar to all, that the avocations, the usual routine of the physician's business, furnish but few opportunities for cultivating, practically, a knowledge of the laws pertaining to deliberative bodies.

What would be a better remedy for this state of things than the institution of County Medical Societies throughout the State? This measure, although so little appreciated that but very few organizations of the kind have had more than an ephemeral existence, would create theatres, not only for adding to the present stock of knowl-

edge, but also for these trainings that alone can impart information in regard to the method of transacting public business. By way of conclusion we may say of this matter, as was once said of *spelling*. A man eminent in the commonwealth of letters remarked, "it is no great accomplishment to be a good speller, but a *miserable* blemish to be a bad one."

The report on Medical education, before it was finally adopted, was so modified as to increase the number of members of the Board to twenty, and also to locate them at a number of prominent points of the State, so as to be easily accessible to students. The report also recommends that each one of the Board keep a record of the *time, name, and result* of every student examined and passed, and report the same to the Secretary of the State Society, distinguishing between the standing of students by the terms *qualified, well qualified, and very well qualified*.

With reference to some of the points strongly emphasized in this report, we will offer a few thoughts.

To guard the profession from being overrun with men deficient in a knowledge of letters, figures, intellectual and moral character, has been heretofore, and will be in the future, a difficult task. The reason of this is that it is difficult to tell *a priori*, when case is presented, into what it can be converted. It is not always the case that those who have been favored with the best primary training are the best fitted for the study of the medical or any other profession. This early training is generally found in connection with easy circumstances, an indifference to want, and a disposition to do but little except what is merely calculated to minister, perhaps, to personal or family pride. As a consequence we see not a very large proportion of those who have had the advantages in early life of a classical education that have become distinguished in our profession. Indeed, the most distinguished at the present time, and the same has always been the case, are men who commenced without means, and without much preparatory education.

Such being the case, it lends a plausibility to the position of those who doubt that early education has every thing to do with making medical men.

To succeed as either a *talented* or useful man, something more is necessary than a mere education. We want certain conditions relating to the mental and moral constitution of the individual. A well-balanced mind we want—one that can maintain the perpendicular

through this age of humbugger; industry, untiring industry, an honorable ambition to excel in every undertaking, and self-confidence sufficient to enable the individual to rely upon his own opinions and judgment—his own ability to act. Possessed of such traits, a young man, although his education may be defective, will, as soon as he is made acquainted with the requirements of his profession, exert himself to remedy his defects, and, in nine cases out of ten, he will excel the graduate in those elementary studies available to the proper comprehension of medical science.

We do not design, in any thing we have said, to undervalue a classical education, or the plan contemplated in the report of requiring, on the part of medical students a good preparatory education. We only wish to suggest that other things, as well as these, are necessary to either usefulness or eminence. A young man, it is true, with a very ordinary mental constitution, may, by having the advantages of a good education, find his way into the ranks of the profession with more facility than one with perseverance and a good calibre, who has been less favorably circumstanced. Still, while the position of the former will most likely be nominal, benefitting, in no respect, either himself or the profession, that of the latter will be one of advancement, that, in all probability, will result in credit to himself and usefulness to his profession.

Besides intellectual qualifications, those of a *moral* character should not be overlooked. Intellect, it matters not how strong or brilliant, does not, *per se*, qualify an individual to enter the medical profession. To be of any value, it must exist in connexion with a good state of morals. Instances there have been, as all admit, of men who have cultivated the profession with considerable zeal and have contributed something to its stock, who have been destitute of moral principle. Their example, however, and the influence they have exerted, have been any thing else than salutary. To think of a man, who has no regard for his own reputation, engaged in exercising the delicate functions of the physician, is humiliating in the extreme. We want men, not only of good intellectual, but also of good *moral* developments—men who, by the force of their example, will give the right direction to public opinion on all matters of a moral nature.

It matters not what may be said in regard to the relative influence of the different classes of individuals who go to make up society, it is very obvious to the casual observer that the physician's

position is more closely connected with the formation of the morals of the community in which he resides, than that of any other class of individuals ; and often more than all other classes put together. To mothers, and fathers, and children, he has access in such a way as to make him acquainted with their constitutional proclivities—their weak points—their “besetting sins ;” and, as a consequence, he is very often able to make whatever impression his taste may suggest.

Waving, however, every thing in the way of principle, in connection with the matter we have been considering, *policy*—a desire to see the interests of the profession extended, requires that care should be exercised in regard to those who wish to become physicians. Every true lover of his profession, not only desires to see it become popular, but does all that he can, in his intercourse with society, to bring about this state of things. The more popular we can make it, the more it will be able to subserve the objects for which it had been instituted. This is so axiomatic that it is needless to elaborate it. Equally obvious it must also appear, that a popularity founded upon any thing else than scientific attainments and strict moral integrity, will amount to nothing at all.

Such being the case, there seems to be a propriety in guarding the portals of the profession against those who would not only do nothing to give it character and popularity, but who, from their moral obliquities and want of self-respect, would do much to bring it into disrepute.

We will now notice another branch of the subject of Medical education which was occasionally referred to during the course of the discussion. I allude to the attention given to students while in the office of the preceptor. Time and again, it has been stated that this was much neglected ; and that physicians who take students into their offices, ought to be reminded that they owe a duty to the profession, that if faithfully performed, would relieve the colleges of much of the complaints made against them, of turning out men upon the community with indifferent qualifications.

To extenuate the force of such statements, no one has, as far as we have noticed, made any attempt. It seems to be taken for granted that private pupilage, as a general rule, is much neglected, and that there seems to be as much room here for reform, as in college instruction.

That much attention is requisite while the student is laying the foundation of his medical education, is too obvious to require an

effort to prove. This, as every body knows, is the most auspicious period for giving discipline to the mind, cultivating habits of industry, and infusing into the student correct conceptions of the noble character of our science, and the vast fields that are to be explored.

Few, indeed, are the departments in medical science, but what can be prosecuted with considerable success in a *well conducted course of private pupilage*. Botany, Materia Medica, Medical Jurisprudence, Physiology, and the Principles of Pathology, may be studied with considerable success with a private preceptor. And really of Anatomy and Chemistry, there is no good reason why students should know so little when leaving the office of the preceptor. With a skeleton, Osteology can be very well understood; and, by procuring a subject occasionally, and preserving it in alcohol, dissections and demonstrations may be carried on to such an extent, that, instead of the lectures at College being an unintelligible jargon, the student will be prepared to appreciate and understand most of what may be said. The same remark may be made concerning Chemistry. Chemical apparatus may be obtained at a very trifling expense, that will answer all the purposes of laying the foundation of a knowledge of the science. Look at the discoveries of Galileo, with a telescope that cost fifteen shillings, and the researches in Chemistry, by Berzelius, with Florence flasks and pipe-stems. And, also, with respect to Obstetrics, it is a very easy matter to demonstrate on the pelvis of a skeleton, with an artificial foetus, the Mechanism of labor, the various presentations, and the modes of accomplishing delivery by art.

Such being the case, private preceptors are left without excuse, in very many instances, when they send students to college unprepared to appreciate the teaching of professors.

We have, therefore, no apology to make for the deficiencies on this score of which so much complaint has been made of late. The matter needs correction, and so far as we are concerned, we feel that all the suggestions on the subject are entitled to great consideration.

Professor Edwards, of Cincinnati, read two papers to the Society—one on the use of strychnine and oil of turpentine in Cholera, the other on the Treatment of Typhoid Fever. Both papers were founded on cases treated in the Commercial Hospital of Cincinnati.

The paper, in regard to the treatment of Cholera by strychnine and turpentine, was short, but it set up some very prominent points.

In order to explain the *modus operandi* of the remedy, the author assumed the position that Cholera is caused by a lesion of innervation, or paralysis, as he termed it, of the nerves of organic life. This state of things he presumed strychnine eminently adapted to correct, and, from his experience with it, he had no hesitation in recommending it as the most available agent, at the present time, before the profession. While engaged in narrating the history of some cases, in confirmation of his views, he was asked, whether or not, he had ever used the strychnine without the turpentine, and if so, what were its effects? He replied that he had so used it, and that, by itself, it took no effect at all. This circumstance, it was noticed, was not very confirmatory of the pathology of the disease. If, as the author of the paper contended, the pathology of the disease consists in torpor or paralysis of the ganglia of the sympathetic nerve, there seems to be, according to the accustomed ways of thinking, some propriety in using strychnine, but none in using turpentine, unless our knowledge of the therapeutic powers of this latter article is about to be expanded. But then the strychnine proved to be inert when administered by itself.

Such reasonings, in regard to the efficacy of a single article, when it is only capable of producing good effects, by being administered in combination with something else, partakes strongly of the nature of sophistry. Indeed, in our common elementary works, under the head of "*Ambiguous Middle*" examples of fallacies are given of similar character. Inasmuch as the kind of reasoning to which we have been alluding, is of very common occurrence, we commend the chapter on "*Ambiguous Middle*" to the attention of those engaged in the investigation of similar subjects.

We do not in the least doubt the results detailed by the author, as following the use of strychnine and turpentine combined. We think, however, that, instead of attributing them exclusively to the strychnine, as the author's views of the pathology compelled him to do, they might, with equal reason, be attributed to the turpentine. Stimulants, as all know, have character in the treatment of Cholera, and turpentine being of that class, there would be some little propriety in giving it prominence in the results. Still it would be sophistical to do so.

The other paper, read by Professor E., as noticed above, was on the treatment of Typhoid Fever, in the Commercial Hospital. This paper contained some very interesting facts. It gave an account of a number of cases of typhoid fever, treated with *cold water injections*. The results, were successful, indeed more so than what follows in an equal number of cases treated with drugs.

These experiments, although limited, we regard as not only very creditable to Prof. E., but will assist materially in contributing to hasten the profession to the position, to which, from all the facts being elicited, they are tending, that medicines possess but little control over the complaint, and that more cases will recover when submitted to the *vis medicatrix naturæ*, than will if put upon a very active use of drugs.

Cold Water Injections is of course the next thing to the purely “*expectant*” treatment. And still, we can imagine that filling up the lower bowels with cold water during the exacerbations of the fever, or in cases characterized from the beginning with a great amount of heat of surface, can have no other than a very salutary effect.

The next meeting of the Society will be held in Dayton. This is wrong. It was wrong to move it from Columbus to Cleveland, as was done last year, because a majority of the members voted against having it removed. It was a greater wrong to appoint the next meeting at Dayton, because it was done by parliamentary management, as was the case in moving it from Columbus to Cleveland. But there are other reasons why it should not have been appointed at Dayton. Dayton is situated very badly for the convenience of the profession in different parts of the State; and, on that account, the Society will be less numerously attended than if some more central place had been selected. Columbus is the proper place for its meetings. This has heretofore been demonstrated, and we presume will be again.

J. D.

COLUMBUS, August 15th, 1852.

STARLING MEDICAL COLLEGE.—We take pleasure in again advertising to the condition of this institution. The difficulties incidental to the founding of a Medical College having been surmounted, and *the most splendid College edifice in the world* being in the progress of

completion, we, and all others concerned, indulge high hopes as to the prospects of our School, and the facilities which it will offer to the medical student who prosecutes his professional studies within its walls. The profession throughout the West have looked upon this school with great favor. This was illustrated by the large classes which flocked hither when the lectures were delivered in a *shanty too shabby* for a respectable Institution. Our students stood by us, and forsook us not when our building scarcely protected them from the chilling blast, nor the suffocating heat of illy ventilated lecture rooms. Now that our college building, an ornament to our state and country, towers above our beautiful city in proud magnificence, and now that our faculty, newly organized, is "thoroughly furnished for every good work," will students and the profession be less liberal in their support? Never—we know their good sense and the opportunities we have to offer too well for this. We are thankful for past favors and patronage—we crave no more than fidelity to our trust and indefatigable exertion, in the cause of medical education, deserve—a liberal patronage, and shall we not have it?

CHLOROFORM, IN INFANTILE CONVULSIONS.—Our excellent friend, Dr. T. W. Bradley, of Florence, Pa., says, "I have used Chloroform in infantile convulsions, with the happiest results. In one case, I kept the little sufferer under its influence twelve successive hours, re-applying it as often as it gave signs of waking; after finally withholding it, he waked up apparently well, and continued so."

MY DEAR DOCTOR: A druggist in Cincinnati handed me, some time ago, a prescription by the renowned "Nigger Doctor," Rezin Chase, of which the following is a correct copy. Don't you think it worth publishing:

Godfrey's Cordial 40 drops,
Bateman's Drops, 40 drops,
Lard, 2 teaspoonfuls,
Butter, 2 tea-spoonfuls,
Best Brandy, 2 table-spoonfuls,
Chamber-ley, 2 tea-spoonfuls,

mix. Take 2 tea-spoonfuls on going to bed.

The above was for a gentleman who had sought the advice of several eminent physicians, without avail ; but Dr. Chase promised to cure him up “sartain.”

Yours, as ever,

S. H. S.

Strychnia in Vesicular Emphysema.—By ABRAHAM METZ, of London, Seneca County, Ohio.

June 6, 1852. Ostian, aged 20, of well-formed body, and sanguine temperament, applied for medical advice.

His face is pale, lips blue, pulse 75 per minute and regular, tongue clean, is clear of pain, digestive organs in good condition, says, “I am well, but can’t get my breath.” Every third or fourth inspiration, he draws a forcible and long breath. On any active exercise, he takes paroxysms of extreme dyspnœa.

Last winter, during a spell of unusually cold weather, he was much exposed, whilst teaming, and took a severe cold, with violent cough, which, however left him in a few weeks ; but ever since he has had the difficulty of breathing he now experiences.

The right side of the chest is decidedly more prominent than the left. The intercostal spaces are enlarged. There is, on the right side, an unusually clear and resonant sound on percussion, whilst auscultation yields but a very weak vesicular murmur. There is also slight crepitation on the right side. The left lung does not appear to deviate far from health.

Treatment.—Cupping between the shoulders—a dose of Fer: Carb: three daily, and intermediately a dose of 2 grs. Ext: Hyos: $\frac{1}{4}$ gr. Ipecac. and 5 grs. Hydr. C. Creta—to avoid cold and damp atmosphere—to abstain from all exercise, or whatever is calculated to cause too active respiration. As the patient lives some distance from my residence, I did not see him again until

June 20.—Is no better—perhaps stronger, but the dyspnœa is worse.

I now gave him an oz. of Hall’s solution of the chrystals of strychnine, to commence with ten drops three times a day, and increase the dose five drops every day, until the dyspnœa cease, or until tenderness of the cervical part of the spine take place. Should either of those effects follow, the medicine is to be discontinued for

three days, then taken for a few days again, and so on until the oz. is consumed.

August 20.—He has strictly complied with the directions. When he arrived at xl gtt. the dyspnoea to a great extent ceased. Before the oz. was exhausted, he was entirely clear of all unpleasant symptoms.

He has since been actively engaged in farming, and is able to perform hard labor, without any bad effects.

There is less resonance on percussion, and auscultation yields as clear a vesicular murmur as is common to healthy respiration. I consider him entirely cured.

It is to be hoped that, on further experience, strychnia will prove as happy a remedy in the paralysis of the contractility of the lungs, as it has been in the same disease in the urinary bladder.

EPIDEMIC DISEASES OF OHIO, INDIANA AND MICHIGAN.

At the late meeting of the American Medical Association, the undersigned was reappointed chairman of a committee to report upon the Epidemic Diseases of Ohio, Indiana and Michigan at the next meeting of the Association to be held in New York, in May next. In fulfilling the object enjoined upon the chairman, he has appointed, N. Johnson, M. D., of Cambridge City, Indiana, R. Pitcher, M. D., of Detroit, Michigan, and D. Tilden, M. D., of Sandusky, Ohio, as members of the committee. It is desirable that as complete a report as possible be made, and the co-operation of the profession in these States is therefore most earnestly requested. Information is especially desired on the following subjects :

Epidemic Cholera,	Typhus and Typhoid Fevers.
Cholera Infantum,	Whooping Cough,
Diarrhœa,	Influenza,
Dysentery,	Measles,
Erysipelas,	Scarlet Fever,
Intermittent and Rem. Fevers,	Small Pox, &c.

Any form of disease appearing as an epidemic will be understood as being included along with the above.

The points of greatest interest to which attention is particularly invited are, Causes giving rise to and favoring the propagation of dis-

ease, or checking its progress ; Prophylactics ; Influence of Age, Sex and Nativity ; Prominent Symptoms ; Extent of Prevalence ; Proportional Mortality ; Post mortem appearances ; Treatment ; Duration of individual cases of disease ; and any other points that may in any way bear upon the subject, such as Soil ; Geological formations (illustrated by any map when practicable ;) Natural Productions ; Condition as to Improvement ; Water ; Meteorological Observations, &c.

It is preferred that reports be made to January 1st, 1853, including the previous year. If any remarkable visitations of disease should have occurred previously to that time, an account of them will be acceptable, carefully designating the date of occurrence.

General Medical History, also of the *changes* which have occurred in particular districts, in diseases, since the settlement of the country will be gladly received.

It is desirable that all reports made to the committee may be forwarded, so that they may be in the hands of the chairman by the 15th of January, 1853.

The chairman takes this method of thanking those physicians who sent him contributions for last year's report, and hopes that they may repeat them for the present year.

It is hoped that this appeal to the profession will be responded to, and that every member will feel himself called upon to contribute something to the general fund of knowledge on these subjects.

Contributions may be sent to

GEO. MENDENHALL, M. D., *Chairman*,
Cincinnati, Ohio.

Z. PITCHER, M. D., Detroit, Mich.

N. JOHNSON, M. D., Cambridge City,
Wayne County, Indiana.

D. TILDEN, M. D., Sandusky, Ohio.

P. S. The committee would respectfully solicit the aid of County and other Medical Societies ; which can efficiently be rendered by members making brief reports of the diseases of their respective neighborhoods to the secretaries, who can condense them and furnish the result to the committee. Especial attention is also requested to the furnishing of geological maps of counties and districts, when practicable.

IRONTON, O., AUG. 14, 1852.

DR. HOWARD :

Dear Sir: I subjoin the report of a rather unusual case which recently occurred in my obstetrical practice. If, in your opinion, its publication will be interesting to the readers of your valuable Journal, it is at your disposal.

Respectfully, yours,

J. P. BING.

Death of a Fœtus at seven months, retained in utero with a live one until full time.

On the morning of the first instant, I was called upon to attend Mrs. B., aged about 36, in her fifth confinement. Upon my arrival, I found the presentation natural, and the first stage of labor complete. In the course of an hour she was safely delivered of a healthy male child, above the average size (8 pounds being its weight.) When the funis was tied and the child separated, I placed my hand over the uterus, and found it contained what seemed to be another fœtus. After a few minutes, uterine contractions recurred, and a dead child (male also, and presentation natural) was expelled, together with the secundines of both. No rupturing of membranes or "gush of the waters," seemed to occur previous to the birth of the last child.

Upon examination of the dead fœtus, I found nothing abnormal in its conformation, save the scalp, which was enormously distended, forming a sack capable of containing three quarts, and filled to about half its capacity with serous fluid and broken down portions of the brain. The fœtus was in a state of putrefaction, the cuticle easily detached, and emitting an offensive odour. On enquiring of the mother, I learned that some two months previous to her confinement, in consequence of the illness of her family, her mental and bodily powers were over-exerted, which produced unusual, though not alarming symptoms; and, subsequently, she had experienced but little moving, and was fearful that her offspring would be "still-born." The small size, imperfect development, and putrid state of the fœtus, in connection with the history of the case, led me to suppose that the child died at seven months, and was retained with the living one to full term.

Mrs. B. is of strong constitution, and in her third confinement, also bore twins.

The child remains quite healthy, and the mother had a speedy convalescence.

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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*The Essentials of Inflammation, &c.* BY F. CARTER, M. D.,
Professor of Obstetrics, &c., in the Starling Medical College, Columbus, Ohio.

INTRODUCTORY.

In order that our views on this very interesting subject may be understood clearly, it seems necessary to advert to, and even at some length dwell upon one circumstance in relation to the sanguineous circulation in the higher animals, which appears to have escaped the acumen of physiologists, viz: that there is, to all intents and purposes, a completely double circulation, i. e., a nutritive and an eliminating one—differently situated, obeying different laws, differently, nay, oppositely, influenced by the same condition of the tissues to whose necessities they minister, though both currents occupy the same vessels.

To explain and illustrate more particularly, we shall very briefly advert to a few admitted facts.

In the passage of a fluid over a solid surface, although the propelling force acts upon the whole mass of fluid, yet that portion of it impinging upon the solid, scarcely, if at all, moves, while there

shall be a rapid current at some distance from it; the rate of motion increases rapidly as the distance from the solid increases. We need hardly refer to the widely different rate at which the tidal wave moves in shallow and in deep waters—the curling over of the wave breaking on the shore—well known observations upon river currents, &c. &c., in support of the proposition. We may remark, however, in passing, upon the provision of a ciliated epithelium found on the Branchial and other animal surfaces over which fluids pass, that it seems to be for the purpose of preventing the absolute stagnation which would otherwise occur in the immediately contiguous fluid, resulting from their mutual attraction.

We shall mention also Professor Draper's well known and satisfactory theory respecting the existence of a special attraction between the tissues demanding (having an affinity for) a fluid or some of its constituents, and that fluid, which attraction varies in intensity, with the amount of the demand for the time being—a theory based upon phenomena observed in the inanimate, yet admirably explaining some otherwise unaccountable ones in the animated world.

We now pass to more special considerations.

The appropriation of nutrient material would seem to be favored by, at most, a very slow rate of movement in the fluid charged with it, if even absolute rest at the site of the process is not rather the rule; there is indeed no reason why it should pass the point of demand until the supply of material is exhausted.

In plants and those animals in which nutrition is active, or rather where the whole circulating fluid is subservient to that process, we find the rate of movement is very slow every where, and particularly so at the points of demand for the time being. Indeed, in those large classes referred to, there is no special provision for accelerating the flow, such as a contractile vessel or more complicated muscular heart, and in many successive grades above them, where nutrition is actively carried on, such accessory organs are very imperfect. It would seem very probable also that the completion of the process of assimilation is, at least in many cases, due to influences which are only or especially active at the point of appropriation, and that this is a process requiring the lapse of appreciable time.

Almost all observers agree in stating analogous facts with respect to that portion of the blood in the higher animals, which, lying next to the vascular parietes, and containing the white corpuscles, is evidently most concerned in the nutrition of the contiguous tissues.

With respect to the interior of the current in the circulation of the higher animals, the facts are notably different. It carries the red corpuscles, certainly subservient to the respiratory process in the widest sense of the term. The velocity with which it moves, seems to be in direct relation with the waste of the tissues involved by the habits and circumstances of any particular race in whose circulation those corpuscles are found. That velocity, or at least the numbers of those particles, at any time passing through a given space in the normal condition, will be found commensurate with, and determined by, the demand for their services; and be it remembered, that in the performance of those services, there is no occasion for lingering, as the *chemical* changes to which they minister require but an inappreciable time for their accomplishment. It will be borne in mind that, in the centre of the current, which they occupy, the propelling force is but comparatively little counteracted by friction from adhesion.

We are now prepared to state the facts in the case as we view them.

Over all the immensely extended surface presented by the inner walls of the vascular system in the higher animals, there is a nearly moveless layer of liquor sanguinis, and this is specially increased in the capillary system from the occurrence there of a double cause, the adhesion which is universal under like circumstances as between a solid and a fluid, and the special adhesion arising from what may very properly be called a vital attraction.

This latter increases with increased life in the part.

But increased life involves accelerated death, and the dead material being chemically in a state to which it was compelled by the operation of a vital force now extinct, waits but the presence of the equivalent of oxygen from which that force caused its separation, to revert to its original condition.

The red corpuscles principally, carry this oxygen, and hence the attraction between them and the dead matter; they are as it were drawn forcibly along, yield instantly their burden of oxygen, receiving in exchange carbonic acid; and the attraction thus ceasing, they pass, to give place to others in succession.

Hence we have the phenomena of

Active life, inducing a slow exterior or nutritive current in the circulation, and, at the same time,

Accelerated death, which produces the necessity for a vigorous central, eliminative, or respiratory circulation.

We shall presently show that the tendency of this arrangement is such as to allow of great latitude in the energy with which the vital processes are carried on, ever tending to maintain or restore the harmony of the whole, through all vicissitudes of depression or exaltation, to the utmost extent to which "*irritation*," or suspended animation, can be carried, and that certain abnormal, or diseased conditions are characterized by an incapacity to maintain the mutual relation of the two currents here indicated; it will be seen too, that where this relation is impaired, the failing energy of the current on the one hand, or its excessive activity on the other, is eminently curative, in many instances, by restraining the vital or chemical activity which has directly or indirectly induced the disease.

As demonstrative of the views now expressed, we shall advert to the well known fact that certain substances injected into a vein may be detected in any other part in the space of a few seconds, showing that it has passed completely through the systemic and pulmonary circuits. Now, by comparing the whole amount of blood, say in man, with the capacity of a cavity of his heart, and estimating the number of times that cavity would require to be filled, to pass the whole through it, it will be found to demand, at the ordinary rate of the heart's action, say three minutes. Yet the injected matter passes in some twenty or less seconds. There is no short cut; it must go through the heart in the circuit.

The only explanation we believe ever offered, is in the fact, that, but a small portion of the blood is every where in active and tolerably uniform circulation, that portion bearing about the proportion to the whole that twenty seconds do to three minutes. Supposing the observations to be correct.

As germane to the subject before us, an essential part rather of *one, possessing greater claims to the regards of the pathologist*, and of greater importance in therapeutics than any other, we shall venture, at the risk of being thought prolix, to offer some remarks upon the nature and objects of the principal forces employed in the production of a circulation in the higher animals.

It will be admitted on all hands that the only *essential* circulation is the capillary; all other is rendered necessary only by the condition of the being, requiring, conduits, and is not immediately concerned in the attainment of the ultimate objects; it should be regarded as supplementary or incidental.

The forces and arrangements through the operation of which the tissues are enabled to obtain the required supply, may also be regarded as strictly essential, on one hand, and as merely incidental on the other.

Of the nature of one class of forces implicated in the production of the capillary circulation, so much has been of late so ably said, as to render its discussion here at any length quite unnecessary. We are disposed to concur fully with those who maintain the efficiency and power of the demand arising from the vital activity of the tissues through which the capillaries are distributed, to regulate and control the circulation within them, so far as the *nutritive portion* of the fluid is concerned, being moved thereto principally by four considerations. 1st. That *such* a force exists in the vegetable kingdom of sufficient power to maintain a column of fluid of two hundred or more feet in height—the power of the best developed supplementary agent in any animal is insignificant beside this. 2dly. In plants and those classes of animals where nutrition is most actively carried on, there is no other imaginable source of motor power worth mentioning in comparison. 3dly. The capillary circulation in each organ, and part of an organ, even in man, is controlled, hurried or retarded, diminished or augmented, by agencies proper to the parts themselves, certainly independent of, often opposed to, the action of the supplementary forces; and, 4th. The movement of the chyle and lymph unaided by any other force, affords all the support which can be given from analogy.

We have said that we considered the vital condition capable of controlling the nutritive circulation; but we cannot suppose the same agency capable of acting upon the equally important (wherever found,) respiratory or eliminating one; for the due maintenance and regulation of this, we must seek some other than the *vital* forces exerted by the tissues supplied, excepting always the capillary circulation through the lungs, of which we may remark that, in virtue of their glandular character, their proper vitality seems to be as active in controlling the eliminating, as the vital endowment of any gland is with respect to other constituent portions of the circulating fluid passing through it.

With regard to this eliminating circulation however, elsewhere, we suppose the principal and essential forces concerned in it, really to originate in the tissues supplied; but that the force is in no sense vital—originating in the *dead* material destined to be removed, it must be purely chemical—and subject to ordinary chemical laws.

The pathological importance of these diverse sources of motor power, as influencing the condition of the system, locally and generally, we hope to illustrate when we come to investigate the essentials of Inflammation and Fever.

In giving expression to our views in relation to the supplementary sources, i. e. those arising from the action of the heart and arteries, we shall be as brief as possible.

It has been long, and is yet held by some that the motor power thus originating, is amply sufficient to impel the blood through any part of the economy and return it to the heart; and this has been proven by experiments; that is to say, it has been shown that the dead body could be injected with a similar fluid by the employment of a force no greater than that exerted by a ventricle of the heart, &c. &c. Such experiments, like a thousand others looked upon as conclusive, are, we must be permitted to say, wholly irrelevant—the heart does not act in a dead, but in a living body.

A glance at the history of the development of those *incidental* structures, may perhaps enable us more perfectly to appreciate what they are incidental to.

In the lowest orders of animals there is no circulation; absorption is from cell to cell—all of which are endowed alike; a little higher in the scale, we find channels, or lacunæ, by means of which the more internal parts are supplied from the digestive cavity with nutriment. Still ascending, we come to classes in which there is more or less true circulation, performed, partly through vessels, and in part through lacunæ, and the visceral cavities. In the more complexly organized of these classes, we find a more or less powerful provision for the movement of the fluid, by means of muscular pulsating vessels which are complex and powerful in proportion to the development of other muscular organs, and to the complexity and diffusion of the apparatus for æration; still, however, in many instances, propelling the blood in no determinate direction.

In the articulata we meet with many varieties of propelling apparatus; in some cases, special, in others performing that office incidentally to the performance of other duties. In the simplest, every movement of any muscular organ, causes a corresponding movement of the blood contained in it, which extends more or less to other portions of the body. In others there is a concentration or specialization in a single organ, such as we witness in the higher crustacea. In all, however, the motor power exerted by such organ or organs,

is very weak ; and the objects attained in higher animals by an active and complete double circulation, are, so far as necessary in them, otherwise accomplished. In the class of insects for instance, the energetic and long-continued action of whose muscular organs requires the most complete æration for elimination, and whose circulatory apparatus, partly vascular, partly lacunar, is of course very imperfect, a perfect æration is attained by the universal diffusion of the respiratory apparatus, while sufficient movement of the fluid is insured by the energetic action of the ordinary muscular organs—which movement need not be in a circle, to, through, and from a respiratory centre ; for the function is every where performed. In the higher crustacea, where there is found the best development of a heart to be met with in the articularia, we have a very restricted respiratory apparatus, while the considerable development of the muscular organs requires an æration of the blood commensurate with their organic power ; in order to insure this, and determine a regular supply to the various organs, the well developed systemic ventricle is provided.

We have said that in this class there was a considerable development of muscular organs capable of energetic action, though generally of short continuance ; now the direct tendency of the action of any such organ is to produce a lateral pressure among its parts commensurate with the longitudinal compression resulting from the action of the muscular elements. This pressure exerted upon the vessels or lacuna, as the case may be, will empty them of blood, if there be no sufficient resistance.

So far as the venous or lacunar system is concerned, this is an object gained ; the blood in this system being thus forced towards the respiratory organs ; but the same cause tends to produce a like effect in the arterial vessels and capillaries also : which would be incompatible with the continuance of muscular and nervous action, and must, at the same time, put an end to the respiratory process, by congestion. The difficulty is obviated, we conceive, in part by the development of true vessels having elastic walls capable of *resisting compression* as well as distension, and farther by the counteraction of another muscular organ—a more or less perfect heart. Such would seem to be the means resorted to, to *maintain the permeability of the general muscular organs by the respiratory current*, even when those organs are acting vigorously. Were there none such, the mere tonic contraction of the muscles would be found quite sufficient to bar the

entrance of a fluid within the sphere of their compression—hence, wherever we find muscular organs, we find also, arterial vessels with elastic walls, and a muscular propelling apparatus, one or both, more or less perfectly developed, as an oscillating or circulating movement of the blood is required, from the diffusion in the one case, or the centralization in the other, of a respiratory apparatus.

In the crustacea, as in the classes below and that immediately above it in the scale, there is no occasion for a respiratory heart, as there is no muscular organism connected with the ærating organs ; and while the conditions for æration are fulfilled, the vital energies of the organ are themselves quite sufficient to insure the circulation through it. In the absence of those conditions, *no organ is any where found developed of sufficient energy to compel it.*

In the molluscous classes, we meet with a more complicated and general system of nutritive and glandular organs, all more or less enclosed in or enveloped by a muscular mantle ; the ærating organs, which are in general free from muscular pressure, are limited ; and, as respiration is almost always aquatic, the general muscular movements are but little energetic nevertheless, we find in all this class also, a tolerably well developed systemic ventricle existing ; while the whole circulation is carried on in true vessels consisting of three coats, as in the vertebrata.

Now here we conceive that the very general muscular pressure, however languid may be the *irritable* contractility of the muscles, necessitates the existence of, 1st, a complete system of elastic vessels, having a tendency to maintain a permeable condition ; and, 2nd, a direct muscular action subservient to the same end. This last is, however, wholly systemic except in the highest of the series. The absence (or nearly so) of muscular compression on the respiratory organs rendering it unnecessary as connected with their function.

In the cephalopods, the highest of the molluscous series, connecting that very closely in some respects with the lower vertebrata, we have a different arrangement, the branchiæ being situated in a large respiratory cavity, distinct from that containing the digestive organs, and furnished with muscular parieties, which, by their rhythmic contraction and expansion, cause a direct current, inward, through two lateral, and outward, from one median opening, furnished with valves. This presents an approximation to the more complete muscular respiratory apparatus of the fishes, and in order to overcome the compression of the vessels which would result from

the force exerted on the branchiæ; the auricle, common to the class as connected with the systemic ventricle, is removed, and two lateral muscular cavities, auricles so called, are placed between the venous circulation and the branchiæ.

In the fish, we have developed not unfrequently, powerful muscular motor organs, but they would seem to be incapable of long continued activity, which, indeed, the dense nature of the medium they inhabit renders unnecessary. Hence no very active waste of the tissues is incurred, and consequently there is no great energy of the eliminating circulation. This is farther rendered unnecessary by the low degree of temperature they are destined to maintain.

In the whole of this class we find a double respiratory, but no systemic heart. It would seem that the elastic and muscular powers of the arterial vessels were quite sufficient to maintain the required degree of permeability. That secured, we may suppose the ordinary chemical and vital attractions quite sufficient to assure the arterial and capillary portions of the systemic circulation, as the respiratory heart could hardly exert an appreciable influence upon it.

The circumstances are widely different in regard to the necessities of the branchial circulation. The bronchiæ themselves are enclosed in cavities having well developed muscular and bony parietes, which undergo alternate expansion and contraction, while a forcible current is sent into the cavities from the mouth. The ærating surface presented by the bronchial tufts, though they be intimately divided, and the capillaries exquisitely small, is yet very limited in proportion to the amount of function required; hence, to the ordinary ciliary provision for the maintenance of a current of water, is superadded the more powerful muscular apparatus. This would be vain, however, if the exertion of its force compressed the capillaries so as to exclude the blood, and that effect would surely follow, were there not a counteracting force exerted just sufficient for the purpose. That it is in this, and in all cases, only sufficient to repel muscular repulsion by muscular propulsion, is, we think, sufficiently evident from the consideration of two facts: 1st, that where there is no muscular compression, the circulation or movement of the blood is perfectly carried on by means of forces connected with the performance of the function, i. e. chemical and vital ones; and, 2nd, where there is muscular compression, and even the most powerful muscular propulsion, the slightest increase of, or obstruction to, the performance

of the chemical and vital functions, is sufficient to affect the velocity of the current, whether the muscular heart concurs or not, should the performance of the function totally cease, from any cause, the movement of the blood ceases also.

We therefore infer that muscular development and muscular force, as appertaining to the heart and arteries, was designed to balance the same kind of development and force, as found in any other part of the system, and for that purpose alone ; and that the true cause of the circulation, the ultimate forces upon which its proper phenomena depend, are to be attributed to vital and chemical attractions subsisting between the blood and certain materials disposed outside the vessels.

We had intended, but do not now deem it necessary, to pursue the subject through the somewhat varying phases presented, as we ascend the series of vertebrated animals. A little reflection, we are convinced, will induce the inquirer to take the same view of the real objects, and of the relative importance of those several forces, as their effects are presented to him in the warm-blooded vertebrata, that we have advanced as applying to those lower in the scale of being. We believe the subject worthy of a much more complete and elaborate disquisition than our leisure will permit the preparation of, and we only now advert to it as a necessary introduction to what follows.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*On the use of Purgatives in the Treatment of Bilious Fevers, and other Bilious Affections of the South and West.* By SAMUEL G. ARMOR, M. D., Professor of Pathology and Practice of Medicine in the Medical Department of the Iowa University.

IN withholding active purgation in the treatment of a class of diseases which prevails during the hot summer and the fall months, especially in the Western and Southern States, I am aware that I come in conflict with high authority ; and I would not presume to question such authority but from the conviction strongly impressed upon my mind, that, as a class of remedies, they are dangerous in the treatment of what are commonly called the Bilious, or Bilious

Remittent Fevers of the South and West. It appears to be a common impression with many that purgatives are the *only* remedies necessary in the treatment of this class of fevers.

It is not my purpose, at present, to enquire into the pathological relations of morbid hepatic secretions, further than as connected with diseased action of the gastro-intestinal mucous membrane. The general principles of pathology and practice, however, apply to all derangements of the hepatic functions.

Although lesions of secretion are generally classified by writers on Pathology as *Primary* Elements of Disease, yet a close examination of the subject must satisfy every reflecting mind that they are mere *symptoms*, or sustain secondary relations in the order of pathological manifestations. Before the lesion of secretion takes place, must there not be either a lesion of the blood, of the circulation, of structure, or of innervation? A clear conception of this fact would, I think throw light on a class of diseases associated with derangement of the hepatic function, and banish from our Nosology those numerous primary and idiopathic affections which are attributed to the liver.

It must be acknowledged, however, that as an excretory and depurating organ, the liver performs an important function in the animal economy; and the *rationale* of its increased action, and consequently increased stimulation, during the hot summer and fall months, must be apparent to every one who is familiar with the relation it sustains to the respiratory function. And the very importance of its office is a sufficient reason to induce us to investigate more closely its varied pathological conditions, that we may strike out, if possible, the first link in the chain of morbid action, and thus annul a train of secondary affections resulting from the *forward* action of a morbid secretion.

The peculiar tendency of *Duodenitis* to produce functional derangement of the liver has long been recognized by observers. The distinguished physiologist, BROUSSAIS, was the first, I believe, to call attention to this subject, and although he carried his views to great extremes, yet everlasting honor is due his memory for the clearness

his expositions of diseases of the gastro-intestinal mucous membrane. It is true that, so far as relates to the duodenal mucous membrane, different explanations have been of the jaundice which so frequently follows. It has been supposed that a swollen condition of the mucous membrane extending into the *ductus communis*

choledochus, gives rise to mechanical obstruction to the flow of bile from the gall duct; and although in many instances this explanation may be the true one, yet the fact that we may have jaundice without closure of the common duct, is adverse to the universality of this explanation. We are led to infer, therefore, that the elements of the coloring matter of bile exist in the blood in health, and that other causes may impair or entirely suspend the secretory function of the liver; thus permitting the coloring matter to accumulate in the blood. In cases of this kind, with the usual manifestations of an icterode appearance of the eyes and skin, and white or clay colored fecal evacuations, we do not often have very marked tenderness over the region of the duodenum.

The question may arise, then—What is the morbid agency which gives rise to increased, suspended, or perverted action of the liver? The answer to this would show that the causes are various, although all agreeing, perhaps, in many essential particulars.

First, congestion from intropulsion of blood, whether from the cold stage of an intermittent fever, or from protracted cold to the surface, will give rise to it. The result of the congestion from any cause, whether active or passive, is the lowering of the vital properties of the gland, and a consequent suspension or perversion of secretion. Again, perverted secretion may result from a primary diseased condition of the blood itself. Or, lastly, we may adopt the explanation of Bichat—"that between a secreting organ and the surface upon which its excreting duct opens, there is a sympathy by which a stimulus applied to the latter is communicated to the former." As applied to the liver, I should have enumerated this as *first* in order of causes, because most important. The illustration of this law is very manifest. We have a familiar one in the effects of food, tobacco, or other stimulating substances taken into the mouth. A copious secretion from the salivary glands is the result. We have no explanation of this but that based on the influence of the sympathetic system of nerves over organic functions, and, as applied to secretory organs, we have abundant evidence of this influence. Mental emotions, also, such as anger, anxiety, fear and terror, very sensibly affect the secretion of glands. And so great is this perverted nervous influence, that it frequently affects in a very marked degree, the *quality* as well as quantity of the secretion. Instances are on record, apparently well authenticated, of the secretion of the liver being rendered so acrid by violent emotions of anger, that at

the moment of ejection it irritated the mouth, fauces, and orifice of the anus. And the instance related in Carpenter's *Physiology*—of the violent combat between the soldier and the carpenter, whose wife was nursing a young infant—very forcibly illustrates the effect of passion in changing the secretion of the mammary gland. In our pathological reasonings we do not, perhaps, duly appreciate the influence which the great sympathetic system of nerves exercises over secreting structures.

These remarks are introduced for the purpose of showing that disordered hepatic secretion is a *secondary* condition, to be removed only by removing the cause. Hence, in a practical point of view, the very important inquiry as to the nature of the cause.

But if from any cause—general or local, inflammatory or irritative, there is an interruption of the accustomed actions of a secreting organ, congestion of its vessels follows. As applied to the liver, diminished secretion of bile gives rise to a congestive state of the vena portarum and its branches; and, in some cases, to a similar state in those organs whose venous system is associated with that of the liver.

This organ, like all others, may be the seat of congestion, of inflammation, or of both. In speaking of congestion of the liver, I allude to a condition essentially different from inflammation of that organ. In acute inflammation, it is, mainly, the arterial action of the organ that is excited, and the congestion is arterial; whilst in venous congestion of the liver, consequent upon an interruption in its secretory action, the arterial system of the liver is necessarily but little, if at all affected; the congestive state of that organ being, in all probability, limited to the vena portarum and its branches. But from the peculiar vascular structure of the liver, while arterial determination must necessarily be followed by venous congestion, it can in no instance, as in other structures, contribute towards the relief of that condition.

If my premises then be correct, why do we administer cathartics for the relief of biliary derangement? I am aware that it is argued, theoretically, that the serous exhalation from intestinal canal, caused by the action of a cathartic, unloads the vessels of the liver, and thereby restores its healthy circulation; and this argument might have weight were it not for the counteracting influence of irritation caused by the operation of the remedy. But this element of evil, I doubt not, more than overbalances all the benefit derived from the

depletion. In many instances the manifestations of biliary derangement are produced by irritation and phlegmasia of the mucous membrane; and it is very evident that this condition would only be exasperated by purgatives. An increased irritation is communicated to the parenchyma of the liver, and whatever be the intensity of the phenomena attributed to the bile, *calmness is generally re-established as soon as there is a cessation of the local phlegmasia*. I regard this as an established fact in pathology, of the highest importance.

In our ordinary Bilious Fevers, therefore, accompanied as they generally are, with irritation of the stomach and bowels, I would abstain from the use of cathartics as calculated to aggravate the symptoms of biliary derangement, and increase all the phenomena of the disease. I would not be understood, however, as entirely excluding alvine evacuants in the treatment of these fevers. Their operation is sometimes doubtless attended with benefits. The acrid secretion may be a greater source of irritation, forward upon the mucous membrane, and backward upon the gland secreting it, than would be the effect of a laxative to remove it. But it would be with this view mainly, that I would administer them. The other fact—namely, that the tendency of cathartics is to increase the phlogosis of the mucous membrane, and that this condition is, through sympathy and direct continuity of structure, communicated to the liver, should ever be borne in mind.

But if their effect be to indirectly at least stimulate the liver, our deduction may be regarded as illogical. The question may be asked, Is this not the great object to be effected? Grant that it is, to say the least of it, a desirable object, and still it by no means follows that this entire and hepatic excitement will be promotive of biliary secretion. Is not, indeed, the converse of it true? Yet there may be a possibility that the secretory action of the liver is suspended from want of the normal sensibility of the duodenal mucous surface.

The chyle, which is the natural stimulus of this surface, may, as a consequence, fail to communicate its stimulatory impression to the liver, and a sort of torpor or paralysis may be the result. This condition is generally manifested by the clay colored or white discharges from the bowels, unaccompanied by hyperæmia and tenderness. If we are able to diagnose this condition, then purgatives, especially the *mercurial* ones, may be admissible; although even in this case broken doses of calomel, short of purgation, would be better practice.

But is it true that in the class of cases under consideration these are

the manifestations? Is not, indeed, the very opposite condition generally present, such as local tenderness, irritability of the stomach, and dark discharges, indicating morbid sensibility and hyperæmia of the mucous membrane to the point of effusion of the morbid and fluid elements of the blood?

Shall we, then, in this condition, administer cathartics? Many reasons forbid. I will be content with enumerating a few.

1st. As a general and valuable therapeutical principle we should never resort to medicinal agents when nature is doing her proper work.

2nd. Cathartics will, in all probability, increase the very difficulty, which nature is endeavoring to overcome, by adding irritation and determination to the congestion already existing.

3d. Protracted congestion of the liver, by daming back the venous circulation of the abdomen, may give rise to formidable disease of the intestinal mucous membrane. And, lastly, there is no indication as a general proposition, for their use, as evinced by the color and character of the discharges from the bowels; dark discharges characterising hyperæmia and effusion, positively contra-indicating their use.

I might add that experience abundantly demonstrates not only the inutility, but the positive injury following the use of active and repeated purgation in the treatment of the Miasmatic fevers of the Mississippi Valley. I doubt not but that hundreds have fallen victims to erroneous views on this subject propagated by Hamilton in his work on Purgatives.

I have alluded more especially to the use of cathartics in the treatment of ordinary Bilious Fevers, as they are generally termed, and have called attention to but one pathological feature of the disease. In so doing, I would not be understood as referring all the phenomena of Bilious fever to derangement of the biliary organs; nor to enteritis or gastro-enteritis as the cause; although this is undoubtedly a frequent and formidable superaddition to the general fever.

The effect of cathartics is also bad on the *gastric* mucous membrane, and consequently on the functions of the stomach; and it is only necessary to reflect on the importance of the perfect action of the digestive apparatus to a maintenance of a healthy condition of the entire system, to be convinced of the multiplied variety of secondary disturbances which may result from derangement of the primary action of the series of animal functions. It is indeed the "gol-

den bowl at the fountain," the "wheel at the cistern," and if its functions be perverted, disturbance is, of a physical necessity, propagated remotely through the system. Strike upon the first link of the chain of sympathies, and vibration runs through its whole extension. Hence the varied course which derangement of function may pursue, and hence the difference of character which disease may ultimately assume. If this thought were more rigorously pursued in all our investigations at the bed side, the result would doubtless be a more rational and simple practice. Medicine has too often and long been engaged, and too often worsted, in the contest with affections of an idiopathic and independent character, which were the *secondary*, or perhaps more remote result of pathological derangement; and in no instance, perhaps, have we a more striking illustration of this than in diseases of the gastro-intestinal mucous membrane.

ART. II.—*Case of Dissection Wound, followed by Constitutional Disturbance, and Death on the eighth day.* By W. D. PURPLE, M. D., of Greene, N. Y.

[The death of Dr. G. L. Spencer will have been noticed under the obituary head of our last number, and, from the character of the disease that terminated his professional career, is well worthy of a more extended notice. We take the liberty, therefore, of submitting the following extract of a letter to the editor from W. D. Purple, M. D., of Greene, who was a neighbor of Dr. S., and visited him during his last illness.—*Ed. N. Y. Journal.*]

"On Thursday, the 10th of June, Dr. Spencer performed a post mortem examination on the body of Mrs. Rich, who had been in feeble health with disease of the lungs, for some months. About ten days previous to her death, more active symptoms confined her to her bed. Her symptoms before death, and ocular demonstration after, evinced extensive disease of both lobes of the lungs, and inflammation of the serous membrane. The cavities of the chest and abdomen were filled with a sero-purulent fluid, and a diffuse cellular inflammation was apparent. There was no erysipelatous affection of the skin, nor any other symptoms or appearances that do not appear in such diseases in our most respectable families.

"The autopsy was performed twenty-four hours after death; and

while in the act of closing the first incision with a needle, he slightly pricked his thumb on the left hand. It was very slight, did not bleed, and on examining it, nothing could be seen or felt, and he came to the conclusion that it might have been merely imaginary, and nothing more was thought of the matter, until about twenty-four hours after, he discovered a slight irritation at the place. He continued in active labor during the day, and towards evening was taken with a chill, with a sense of soreness over the whole body. The thumb became painful, and a reddish pustule of three or four lines in diameter appeared; dyspnœa soon supervened; this was accompanied by a depressed typhoid pulse, headache, and nausea. On Saturday, an erysipelatous redness, with great tenderness, presented itself below the axilla, on the left side, and two days after it had extended to the groin. The difficult breathing and the pustule had entirely subsided on Sunday. The hand and arm were entirely free from pain, and only a scabious surface was left upon the thumb. On Monday, the right foot and ankle assumed a reddish flush, and became painful. On Tuesday the pain had subsided, and the nervous system became entirely under the control of the animal poison; stupor succeeded, and he could with difficulty be aroused to consciousness. On the eighth day after the wound he expired. It is proper to observe that there was no evidence of diseased lymphatics of the arm, nor was there any enlargement of the axilla or groin.

"The treatment he received was such as authority recommends. The poison had been generally diffused throughout the system before it attracted attention. The external application of Nit. Silver and Tr. Iodine, with alteratives and stimulants internally, were freely resorted to. Anodynes to allay the irritation of the nervous system, were freely resorted to. But all in vain. Death had marked him as his victim, and with an unerring shaft.

"The death of this excellent co-laborer in the field, and in such a manner, has filled the profession with the most profound regret. It has awakened an anxiety to know, if it can be known, what they have escaped, and under what circumstances they are exposed; although we have not neglected our duty in the search of pathological science, but have embraced every opportunity for post mortem examination, yet this is the first instance which has fallen under my observation where injury has resulted from a "dissection wound." I hope you or some of your correspondents, who have access to extensive libraries, will enlighten us on this subject, and

state what diseases are most liable to generate this species of animal poison ; at what period after death it is the most virulent, what are preventitives, and the best means of cure ; what proportion proves fatal ; with other statistic information in relation to this disease."

ART. III.—*On the Radical Cure of Reducible Hernia by Injection.*

By JOHN WATSON, M. D., Surgeon to the N. Y. Hospital.

I do not propose now to go into the whole merits or demerits of this operation, a task which has been assigned to other hands, and which has already in some measure been achieved, by one of the Committee of the American Medical Association, (see their report, in the transactions of May last.) My only object is to give the details of a single case treated in this way, in connection with such hearsay information as I have been able to collect concerning the operation in other quarters.

The procedure now under consideration, if I am not mistaken, was first brought into notice through an irregular channel, by a certain Industrialist of New England. But the first notice I remember to have seen of it was in Professor Pancost's "Operative Surgery." In July, 1848, my attention was for the second time called to this subject, by a gentleman under my care for the treatment of varicocele, who, a year or more previously, had undergone an operation for the cure of a reducible hernia, by what he described as a trifling process, and with complete success. He spoke of it as a simple puncture which subjected him to very little uneasiness ; and assured me that he was cognizant to the cure or relief of other individuals, who had been treated like himself, by a practitioner of Boston. I subsequently ascertained that the instrument with which this individual operates, had been prepared by a cutler in this city ; but on inquiry I found that it had been patented by the operator, and was consequently to be used only by himself. As I had made enquiry for it with the view of employing it on a case then in hand, I could not but feel indignant that any practitioner, claiming to belong to the regular profession, should have thus prostituted his noble calling to mercenary ends ; but believing that no special form of patent instrument is essential to the making of a puncture, or for introducing an irritating fluid beneath the integuments through this, I attempted in my own way to get along without it, as in the following case:

Joseph A. Seavell, of Ohio, seaman, aged 41, was admitted into

the New York Hospital, Nov. 24th, 1851, with a large inguinal hernia occupying the left side of the scrotum, which had been protruding for several hours, and had resisted several well directed efforts for reduction. The patient, for the last four years, had been occasionally troubled by the protrusion, but had never before been baffled in his efforts to reduce it; and by the use of a truss he had been able to follow his regular occupation. With some little trouble, the tumor was reduced by taxis, soon after his admission; and on the 29th of November, having explained my object to the patient and obtained his consent, I attempted to affect a radical cure of the hernia.

While the patient was lying on his back, with his scrotum and left spermatic cord drawn slightly to the right side, and with the integuments over the left external abdominal ring slightly on the stretch, I introduced the point of a delicate bistoury through the integuments, directly down to the crest of the os pubis, the point of the instrument touching, without dividing, the lower termination of Poupart's ligament, and made to work freely in the loose tissue immediately in front of the ring, but without wounding the spermatic cord. Having made the puncture, and withdrawn the bistoury, the nozzle of a small syringe, charged with tincture of cantharides, was introduced through the wound, and about a drachm of this fluid injected into the bottom of the cut, the hand of an assistant, in the meanwhile, resting firmly over the inguinal canal, to prevent any portion of the injected fluid from entering this, or passing through the sac into the abdomen.

The whole procedure was the work of a few seconds, and gave the patient little or no uneasiness. I next applied a compress and spica bandage, to keep the parietes of the inguinal canal in close apposition, and administered an anodyne, keeping the patient on his back, with directions to apply an evaporating lotion, should severe inflammatory symptoms supervene.

In a few minutes after the operation he began to speak of pain from the injection. The sore became more troublesome, and extended several inches in every direction, but was severest along the ascending track of the spermatic cord. He slept but little during the following night, but next morning the pain had subsided, a slight soreness only remaining in the part. The patient was at the same time suffering from chancres. I made the treatment of these the pretext for keeping him on his back, with the compress and bandage

applied as above, for several days. He spoke of no uneasiness from the operation after the second day. On the 12th of December he was walking about without his truss, and with no apparent tendency to a recurrence of the hernial protrusion. On the following day, being desirous to join his vessel, which was about to sail for South America, he requested his discharge, promising to write me, and report the further progress of his case, should the swelling re-appear, and if possible, report in person, at the close of his voyage. But as yet I have not heard of him.

The operation, in this instance, had evidently a beneficial effect, and I am not certain that it may not have effected a permanent cure. I am not disposed to believe that any portion of the injected fluid entered the hernial sac; but by exciting inflammation around this within the column of the external ring, and the subsequent condensation of tissues, which is apt to follow acute inflammation, we may readily imagine that this procedure may, now and then, effect an object which we have hitherto sought in vain to effect by other and severer measures.—*N. Y. Medical Times.*

ART. IV.—*Efficacy of full Doses of Quinine in Comatose Pernicious Intermittent Fevers.*

Comatose Pernicious Intermittent Fever is, among French writers, tantamount to our *Malignant Intermittent*, attended or complicated with violent cerebral symptoms. We read with much pleasure and instruction, the report of two cases of this form of fever in our industrious cotemporary, *L' Union Medicale de la Louisiane*, drawn up by Dr. Charles Faget, of this city. One was the case of a Priest—the other that of a negress. With much tact and *habilite*, Dr. Faget discovered the *remittent nature* of the disease, and forthwith decided upon the *only* course of treatment upon which he could rely for success. With as much boldness as skill, he resorted to full doses of the Sulphate of Quinine, regardless of the comatose symptoms, and had the gratification of rescuing both his patients from death. He gave 35 grains of Quinine to his clerical patient at one dose, and gradually reduced it daily. As the heat returned to the extremities the pulse rose and become full, and the head symptoms yielded. The negress was treated in a similar manner, with the addition of cold effusions upon the head, and she also gradually rallied.—*N. O. Med. & Surg. Journal.*

ART. V.—*Milk Sickness.* I. S. SWAN, M. D., of Henderson, Ky.

In relation to the origin of this disease, I have nothing to say—for the best reasons, that I know nothing which is satisfactory on that point. The disease is readily recognized in localities where it is found, by the distressing and obstinate vomiting, in all acute cases, and an odor peculiar to those suffering from it. Chronic cases may be known by nausea, a sluggish state of the bowels, and an indisposition or inability to move about. The “Times,” so called by the people, I deem a very appropriate name for this form of disease.

My present purpose is mainly to present to the readers of your valuable journal, a mode of *treatment* I have found almost invariably successful, after an experience of more than twenty years; in fact, I am not aware of any case in which it has failed. In acute cases, I give calomel in doses of ten to thirty grains, made into pills with soft bread, which are allowed to dry. This is followed in a few hours by a cup-full of an infusion of senna, containing epsom or glauher salts in solution, after each spell of vomiting. At the same time, a folded cloth, wet with water, should be applied to the throat, and also the stomach, provided there is more than a natural heat at the epigastrium. If there is not, or the temperature is reduced, a mustard plaster may be more appropriate. Instead of the senna and salts, I sometimes use the Seidlitz powders, or a mixture of cream of tartar and jalap. I do not, however, attach any specific effect to these articles, beyond their purgative qualities, and they are preferred on account of the certainty of their operation. Stimulating enemata are often useful in hastening purgation. In very severe cases, the abdomen should be vesicated with cantharides, or irritated by some other effective means, for the purpose of allaying, in some measure, the vomiting. I have very rarely produced salivation, and when this result is to be apprehended, it may be prevented by exhibiting small portions of the supercarbonate of potash, or saleratus, which is generally found in every house.

In regard to the use of opium, I speak only to express my decided disapprobation of its use. The torpor of the liver, and stubborn constipation of the bowels, are aggravated by it, although it may sometimes tranquilize the stomach, and produce a little momentary relief in that way.

In chronic cases the treatment does not vary essentially. As a purgative, I generally use a pill of calomel, aloes and rhubarb,

which I sometimes follow with a saline cathartic, for the purpose of hastening an evacuation of the bowels. In all cases I consider that the administration of a purgative is necessary, that will stimulate the liver to secretion, and evacuate the bowels freely; so as not only to secure the natural function, but, at the same time, to eliminate the noxious poison of the system.—*Western Lancet.*

ART. VI.—*Accumulations in the Rectum, taken for the Head of a Fœtus.* By DR. BUZZELL.

The July number of the New Hampshire Journal of Medicine brings us, (says the Transylvania Medical Journal,) an amusing article under the caption of "A small Mistake," from Dr. Buzzell. We cannot refrain from presenting to our readers the following extract, exemplifying the assertion with which the Doctor set out, "that it is the easiest thing in the world for the best of people to be mistaken, physicians not excepted." After detailing with some minuteness the previous indisposition of the patient, who appears to have been an unmarried female, about twenty years of age, the Doctor proceeds:—[*Ed. N. O. Med. and Surg. Journal.*]

In the latter part of April she was taken with pains in the lower part of the bowels, which resembled labor pains, and as she was so stupid herself as to be unable to inform her friends what was her real situation, an elderly lady in the neighborhood, who was called upon as a forerunner to the Doctor, and who would officiate in the emergency, was sent for. She decided at once that the girl was in labor. She made an examination, felt "the child's head low down," and the "waters had broke," etc. She advised that a physician be sent for forthwith. A young physician was sent for, who, being informed on his arrival that she had been in "great pain by spells," and that the "waters had broke," the "child's head had been felt," etc., made a slight examination, and not having a very good opportunity of examination, as the patient was very restless, he concluded that the old lady was right, and that the girl was surely in travail. Her pains, however, seemed to abate after the arrival of the Doctor, and that was not regarded as any thing very strange, for a young woman, having a young physician present.

The waters came away periodically about once in six or eight

hours. This rather perplexed the physician, and after spending the night waiting for the "pains to come on," the physician thought, as it seemed to be rather a peculiar case, that it might be advisable to have counsel. I was sent for; but as the messenger was informed, when he arrived in the village, that I was not at home, another physician was sent for, who visited the patient. Upon an examination of the patient, this consulting physician pronounced it to be a case of *super foetation*; and after explaining the case to the family and attending physician, he proposed to send for a surgeon, in order to make an incision in the patient's side, and extract the foetus therefrom." He advised also that a justice of the peace should be sent for to administer the necessary oath on such occasions, or, in other words, "to swear the baby." The justice came in due time, and, as suspicion naturally rested upon the man at whose house the patient had lived, as before stated, she was made to swear the baby on this man—though the justice was not disposed, from the vagueness or indefiniteness of her answers to his questions, to proceed to issue a warrant for the arrest of the father of the *child*.

The case had now assumed a very serious aspect. The character of the patient, and of a hitherto respectable man, was "down," and the news flew on the wings of the wind, as might be expected in this noisy world. I was sent for the next day. The messenger related to me the case as well as he could, and requested me to take my instruments with me, and prepare for the *operation*. I went to the scene of action, however, under the impression that there was a joke about it. On making an examination of the patient, I found that, instead of its being a case of *super foetation*, it was nothing but a large accumulation of *fæces* in the rectum, so large that it occupied nearly the whole of the inferior portion of the pelvic cavity, merging forward hard on the pubic bones and against the bladder. This explains the reason why the old lady supposed that the "waters had broke." The urine escaped, of course, at distant periods, and then "with a rush." I directed the old lady, who had the priority in the call, to oil her fingers and cautiously to deliver the patient of her *burden*. I advised the father to stay process legally, until the child was born and named, and concluded myself that I should consider it a hard case to be the alleged father of *such a child*.

The patient is, I believe, as "comfortable as could be expected" under the circumstances. I advised that her bowels might be kept pervious, and I believe she has not had occasion to "send out"

again. It would seem that but a small share of common sense would have saved any man from such a blunder; but as the physician who made the mistake claims to be a very scientific man, I am forced to say that the saying quoted in the commencement of this article is emphatically true. Such a case should admonish young practitioners to be cautious and thorough in their examinations, and not to let modesty prevent them from discriminating between a large accumulation of feces in the rectum and a child's head.—*New Orleans Med. Journal.*

ART. VII.—*Expulsion of Tape Worm by Pumpkin Seeds.* Communicated for the Boston Medical and Surgical Journal.

Having recently had an opportunity to administer the remedy for tapeworm, recommended in the Journal of October 8, 1851, I take the liberty to send you a brief account of its operation.

The patient, an adult, had taken, several weeks since, by direction of a physician, some extract of fern followed by castor oil, which expelled about four feet of worm, together with a number of fragments. The remedy was repeated, but no other benefit was obtained.

There being sufficient evidence, however, that the difficulty was not overcome, I determined, as the case fell under my charge, to try the pumpkin seed orgeat, which was prepared and administered as follows: Six ounces of common pumpkin seeds were thoroughly bruized in a mortar, without removing the outer shells, and a sufficient quantity of water was added to afford by straining and expression, one pint of liquid. At six A. M., the patient took one-half of the liquid, or orgeat, and in two hours after, half an ounce of castor oil. A slight movement of the bowels followed, with a few fragments of the worm. At ten o'clock, half an ounce more of the oil was to be used freely. No food to be taken until after the operation. At twelve o'clock the bowels were evacuated, and an entire worm discharged, eight feet and seven inches in length.

Although the patient is quite feeble, from the effects of pulmonary and hepatic disease, no inconvenience has resulted from the remedy.

W. W. ELY.

ROCHESTER, N. Y., July 31, 1852.

ART. VIII.—*On the Bite of the Rattle-Snake.* By Lieut. J. C. WOODRUFF.

Wednesday, Sept. 17, 1851. This morning, Lieut. J. F. Parke, Top'l Engineer, U. S. Army, and I, were walking out to procure specimens of birds, and when about two miles from the Pueblo, I came within a few inches of treading upon a rattle-snake, who immediately coiled himself up and got ready to strike; jumping back, I drew out my ramrod, and struck him over the back with sufficient force to break it. Being a fine specimen, I wished to preserve it without further injury, when placing my gun upon its head, and seizing it, as I thought, immediately back of the head, I picked him up; but, unfortunately, I had too long a hold, when he threw round his head and buried his fang in the side of the index finger of my left hand, about the middle of the first phalanx. The pain was intense—momentarily producing, as it were, a severe shock, and accompanied with much nausea. I immediately commenced sucking the wound, at the same time got Lieut. Parke to apply a ligature round the wound, to prevent the too rapid absorption of the poison. I then scarified it freely, and continued sucking until I returned to camp.

A man that was with us at the time I sent immediately back to get some aqua ammonia fort, and meet us on the road, which he did when we were about three fourths of a mile from the town. Mr. Kern, hearing what had happened, returned with him, and he wished me to try, as he said, the *Western Remedy*, that is to say, get drunk. This I had often heard of, and I was determined to try its efficacy. He was supplied with a bottle of whiskey, which I immediately commenced drinking; by the time I arrived at the Pueblo, I had drank half a pint. Already the glands in my axilla were getting sore and painful. Took some ammonia internally, scarified my finger freely, and held it in a basin of warm water, which caused it to bleed freely. Then commenced drinking *brandy*, and at the same time held my finger in a cup of ammonia. It took one quart of fourth proof brandy, and one pint of whisky, (enough to have killed a man under ordinary circumstances,) to produce intoxication, which only lasted about four hours. During my intoxication I vomited freely; soon after my recovery from this state, I removed the ligature and applied a large poultice of Pulv. Sem. Lini. That afternoon I took ammonia internally, and some pills composed of

Mass Hydrarg. et Collocynth Comp., to act as a cathartic. In the evening the pain in the axilla and finger was very severe; took Pulv. Doveri, grs. x.

Thursday 18th. I passed a restless night without sleep, although during the night I took at least Pulv. Opii grs. iv. This morning the pain in my finger is intense, and a well marked line of inflammation extends along the arm to the axilla. I had the entire arm and hand painted with Tinct. Iodine, and the flaxseed poultice renewed; commenced taking a solution of Potassii Iodidi as an alterative. The pills not having operated, I took Pulv. Seidlitz, which had the desired effect. Diet, boiled rice. Several times during the day I tried to walk across the room, but each time would be seized with nausea and commenced vomiting. Took at bed time, Pulv. Doveri, grs. x.

Friday 19th. I rested pretty well last night, but this morning my hand, arm, and the glands in the axilla, are much swollen, and very painful.

Repeated Tinct. Iodine. Diet, boiled Farina. Took on retiring, Pulv. Doveri, grs. x.

Saturday 20th. Passed a tolerable night, but my back is getting very sore, as the blankets on the stone floor make rather a hard bed. This morning the pain is very great, and the swelling down my left side as far as my hip. Renewed Tinct. Iodine. I am still attacked with nausea and vomiting on my attempting to walk.

I removed the skin from off my finger, and it discharged freely a watery sanguineous fluid without smell. The nail is becoming loose. The broad red line following the course of the lymphatic, is now filled with a yellowish serum. The point where the fang entered, for three eighths of an inch in diameter, is of a dark brown color. Renewed the poultice. At bed time took Mass Hydrarg. grs. v.; Pulv. Doveri, grs. x. Continued Potassii Iodidi. Diet the same.

Sunday 21st. Passed a restless night, being much troubled with colic; took Magnesia Calc. et Spts. Menth Pip., which relieved me, and not having my bowels open, took Pulv. Seidlitz, which had the desired effect. Hand much swollen, and filled with serum. Diet as usual.

Monday 22d. Passed a comfortable night. The swelling has left my side and arm, but little remains in the hand. I can now walk a few yards without being seized with nausea; have been sit-

ting up most of the day. Continued Potassii Iodidi. Diet, mutton broth and farina.

Tuesday 23d. I awoke this morning much improved, the swelling and pain having left, with the exception of the fingers, the first and second joints of which do not present a healthy appearance, the palmar surface having the appearance of a gangrene, but the discharge is thin and watery, without smell. The granulations do not present a healthy appearance; they are rough, and many of them look as if they had been sprinkled with yellow ochre. The nail is quite loose. Continued Potassii Iodidi. Diet, mutton broth, with a little of the meat.

Wednesday 24th. This day we commenced our march. I placed my hand in a sling and mounted my mule; found myself rather weak, and the mule hard to manage with one hand; the sun was rather hot; this, with the jolting of the animal, caused me to suffer considerable pain; fortunately for me, after going six miles we encamped. I removed the nail. From this time on the finger gradually improved. I continued renewing the poultice daily until the last of October. In the meantime there was a large slough, which gradually came away and left the last phalanx exposed in two places. The granulations required, occasionally, the application of nitrate of silver. After this I made use of dressings Cer. Simplex. Continued carrying my hand in a sling until the middle of November. A new nail commenced growing and a sinus remained open in the finger; upon the introduction of a probe in the latter, the bone could be felt quite rough. A discharge from this kept up until about the 7th of February, when I removed the exfoliation of the end of the phalanx, showing evidently that the fang had entered the periosteum. Soon after this the sinus closed, leaving the finger in a deformed state, ankylosis having taken place in the first joint. The circulation is very imperfect, one of the arteries being destroyed, which renders it very susceptible of cold. The insertion of the flexor muscle has also been destroyed.

I have heard of a number of instances of rattle-snake bites, in all of which the patients recovered, if they succeeded in producing intoxication.

Dr. Fischer C. Smith, of this city, accompanied Capt. French, A.

Q. M. U. S. Army, to El Paso, last year, and on their return one of the teamsters was bitten by a rattle-snake; he gave him nothing but whiskey, and in three days after he was driving his team. In this case it took three pints of whiskey to produce intoxication.

Should this brief extract be of any service to you, it is at your disposal.—*Buffalo Med. Journal*.

ART. IX.—*Chloroform in Obstruction of the Bowels from Spasms.*

By J. D. CAIN, M. D.

Every physician meets, in the course of his practice, with cases of obstruction of the intestines, which has come gradually or suddenly, generally from some cause of irritation existing in them. The obstruction in these cases consists of a spasmodic contraction of a portion, or of portions, of the intestines, generally the small. The plan I formerly pursued was to cease all attempts at forcing a passage by means of cathartics, if one or two brisk cathartics failed, and to resort to opium freely, enemata of warm water, melted lard or butter, sweet oil, etc., the warm bath, fomentations to the abdomen, and other means of inducing relaxation. For more than two years I have used chloroform, as a more powerful agent than opium and its preparations, and as more certain in relaxing the muscular system. The Chloroform, administered in greater or less inhalation, soon produces a greater or less degree of resolution, and, taking advantage of the relaxation thus affected, I give enemata, either stimulating, mucilaginous, or oily, which in a short time bring away fecal matter. The inhalation may be repeated as frequently as in the judgment of the physician, the case demands.

Chloroform possesses the immense advantage over opium of relieving effectually and promptly the pain, and in not leaving the bowels in a constricted state, the sedative effect soon passing off.

Seven cases have been thus treated by me with highly satisfactory results. In one case only, have I experienced any difficulty in inducing the requisite degree of relaxation of the bowels. The subject of this case was very slightly susceptible of its influence; but the pain was completely relieved by frequent inhalations, and the obstruction gradually overcome.—*Charleston Med. Jour.*

ART. X.—*Nitric Acid in Hooping Cough and Asthma.*

Dr. F. C. T. Arnoldt recommends, (*Canada Medical Journal*, June 1852,) the Nitric Acid as a powerful remedy in Hooping-Cough and Asthma.

“In Hooping-Cough,” he says, “at whatever age, whether it be a child at the breast or a full grown adult, I administer Nitric Acid in solution, as strong as lemon-juice, sweetened *ad libitum*. I have given to a child of two years of age as much as one drachm and a half of concentrated nitric acid, in the above manner, per diem, and I have never known the disease to resist its use beyond three weeks. In one instance, that of a child at the breast only seven months old, the disease disappeared within eight days. In another instance, of a young lady, fifteen years of age, the paroxysms were subdued within twenty-four hours, and the disease disappeared within ten days. Again, in the case of two boys about ten years of age, living at a great distance from each other, who had the cough several weeks, and to such a violent degree that both of them had the circumference of their eyes echymosed, as though they had been pommelled in pugilistic combats, the acid acted positively like a miracle. A medical *confrere* of mine had four of his children severely affected with the same disease in the middle of winter; and, although they had to be kept in-doors, owing to the inclemency of the weather, they were nevertheless all perfectly cured within three weeks. I might go on to cite a hundred similar instances, but these, I am satisfied, will prove sufficient to induce the profession to adopt this mode of treatment. As regards Asthma, the use of Nitric Acid has proved not only in my own practice, but in that of others who have adopted it, truly marvellous.”

[It will be remembered that Dr. Hopkins, of Bethel, Georgia, in a communication published in the number of this journal for October 1850, page 469, extols the power of Nitric Acid in Asthma, and relates five cases in which he successfully employed it.]—*Louisville Med. & Surg. Journal*.

ART. XI.—*Lemon Juice in Acute Rheumatism.* By T. D. LEE, M.
D. of New York.

Case 1.—William Coleman, fifty-one years of age, had frequent and severe attacks of acute rheumatism for the last fourteen years.

April 30th, 1852. Patient had not been able to remove from his bed for the last four weeks, and he is unable to sleep by night, on account of acute pain; his hands, knees and feet are very much swollen; and he is constantly growing worse. Patient has heretofore had attacks which have lasted three or four months. At 8 o'clock P. M. the patient commenced taking lemon juice, fresh from the lemons; a tablespoonful in twice the quantity of cold water, with a little sugar, every hour.

May 1st, 9 o'clock, A. M. Patient sitting up endeavoring to shave himself. Says he feels better in every respect, and has slept quietly for four hours, which he has not done before for four weeks. Has taken six ounces of the juice. Same regimen to be continued as before.

May 2d, 9 o'clock A. M. Patient has slept well during the night, and is sitting up, eating his breakfast. Six ounces taken. Says "lemon juice goes right to the spot."

May 3d, A. M. Free from pain, and only complains of soreness in his feet. Same quantity as before.

May 4th. Still improving, having taken six ounces regularly.

May 5th. Comfortable, and taking the same quantity of lemon.

May 6th. Doing well; still taking the same quantity of lemon, having no disposition to leave it off.

May 7th. Patient is able to walk about his room, and does not speak of any pain. Lemon continued.

May 8th. Patient complains only of weakness in walking. Lemon juice discontinued, not having disagreed with the stomach or bowels in the slightest degree.

May 9th. Patient sleeps well by night; has a good appetite, and is fast gaining strength.

May 10th. Patient is only waiting for fair weather to go out.

Case 2.—Mrs. P., seventeen years of age, has had frequent attacks of acute rheumatism for the last seven years. She is affected

with enlargement of the heart. Patient is confined to her bed, and is unable to move or sleep, on account of the severe pain she suffers; and wished to have something prescribed to make her sleep. Patient was advised to try lemon juice for 24 hours, before using any other remedy; to this she assented. Remedy commenced at 10 A. M., as in case 1st.

May 2d. Patient has slept well, and has much less pain and soreness.

May 3d, 4th, and 5th. Continue lemons, as before.

May 6th. Free from all appearance of the disease. Lemon discontinued.

May 7th. In this case, as in Case 1st, there appears to be a flexibility of the joints, unusual in recoveries after other modes of treatment.

In a third case, similar to Case 1st, the Lemon appeared to be equally beneficial. In two other cases, one sub-acute, the other chronic type, the lemon juice had an equally good effect.—*N. Y. Med. Journal.*

ART. XII.—*Fracture of the Os Brachii at the insertion of the Deltoid Muscle, in a Colored Preacher while in the act of Gesticulating.* By W. PARKER, M. D., Professor of Surgery in the College of Physicians and Surgeons, New York.

I was called in consultation with Dr. Sargent, in July 1844, in the case of Mr. R. Jackson, a colored minister of the Methodist denomination who was suffering from a fracture of his right arm. He was of a stout build, very muscular and well developed, thirty-eight years old, having no hereditary predispositions and had never previously suffered a fracture of any of his limbs. There was no circumstance connected with his history giving evidence of unnatural fragility of his bones. The accident occurred while engaged warmly in an exhortation in a religious meeting, and upon making a violent gesticulation. On examination, the right humerus was found broken at the attachment of the deltoid. Union took place in the usual time.—*Ibid.*

ART. XIII.—*Of Flexion of the Limbs, as a Means of Suspending and even Arresting Arterial Hemorrhage.*

As arterial hemorrhage is at all times more or less dangerous and alarming, it becomes proper for us to notice all the means best calculated to put a stop to the flow of blood proceeding from divided vessels. To this end, we are pleased to know that Dr. Bobillier has turned his attention to this subject—the views of whom we shall abridge from the February number of 1852, of the *Journal des Connaissances Medico-Chirurgical*.

This gentleman has found, from experiment, that when certain arteries situated about the joints or limbs, are wounded, the hemorrhage therefrom may be arrested permanently, by flexing the limb forcibly upon itself. By this means he arrested hemorrhage from a wounded radial artery; and in another case, the same means succeeded after compression, etc., had been fairly tried and failed.

The third was the case of a man whose brachial artery was wounded by a blow with a knife, just in the bend of the arm, at the usual point of venesection—the hemorrhage was frightful, and the patient was so situated, and the accident so unexpected, that the application of a ligature was utterly impracticable in the case. Violent and permanent flexion of the fore-arm upon the arm arrested the bleeding.

Dr. Bobillier deprecates any desire to place flexion of a limb in competition with the ligature, for arresting hemorrhage. He contends, however, that it is a precious means, under certain circumstances—when the usual instruments for the application of ligatures are not at hand.

In 1734, M. Malgaigne, in his *Manuel de Medicine Operative*, speaks favorably of strong flexion of the fore-arm upon the arm, as a means of arresting hemorrhage from wounds of the brachial artery. Four years thereafter, he mentions a case in which he arrested a hemorrhage from the popliteal artery, by flexing the knees.—*New Orleans Med. Journal*.

ART. XIV.—*Arabian Method of treating Stone in the Bladder.*

In an old work, published in London in the year 1743, entitled *A View of the Levant, &c.*, By CHARLES PERRY, M. D., there is des-

cribed a curious method of treating a very formidable disease, which is practised by the Arabs in the city of Cairo. Thinking it might interest your readers, as a medical curiosity, I have copied it out word for word, merely modernizing the spelling a little.

Yours, truly, G. H.

“ Being the other day in discourse with one Signior Gabrieli, a Venetian, who has practised here as a Medico for many years, he entertained us with an account of a great cure which he had lately performed. His story was thus, or to this purpose : That a certain Effendi, a person of great affairs and consideration, and about fifty years old, had been tormented with violent and continued pains in his reins, for twelve years past, without intermission : that during this long and irksome time of twelve years misery, he had applied himself to all the doctors, (whether real or nominal,) that he could meet with or hear of in this city, but without any sort of benefit ; for they all alike mistook his case, judging it to be no other than a cold, which had determined and fixed itself upon that region. At length, about eight months ago, good luck or Providence directed him to this Signior Gabrieli. He was no sooner called, and fully instructed of the patient’s complaint, than he judged and pronounced it to be of the nephritic kind ; but he judged much better of the disease than of the medicines he applied for the cure, for he gave nothing but mallow water in large quantity, with oils and syrups to lubricate. These indeed were very innocent remedies, and, as one would be apt to think, equally impotent, as in fact they proved. But Signior Gabrieli, having experienced those, and such like things, for a considerable time, without any fruit or effect, and being acquainted with an Arab, who was famed for his dexterity in blowing wind up the penis for the cure of stone and gravel, he went in search of him, carried him to the patient, and ordered him to perform the operation without delay, in the best manner he could. The operator, having his instruments about him, went to work directly. He first ordered the patient to stand up in an erect posture ; then he put the end of a common pipe, (which was about three inches long, and cut taper, after the manner of our penis syringes,) into the urethra ; and the instrument being adjusted in such a manner as he thought proper, he blew into it with all his might, for a considerable time ; then hold-

ing the urethra, to prevent the wind's flying out again, he played about the bottom of his belly with the other hand, (especially above the os pubis and near the groins,) for a considerable time; then, relieving the urethra, he let the wind discharge itself, beating his belly gently with his hand, to force the wind out with a greater impetus. When the wind was pretty well discharged, he applied a pipe again into the urethra, and then sucked with the same force as he had before blown. By this first operation the patient voided eleven stones near as big as vetches; and the same operation being repeated every morning and evening, till he was entirely freed from pain, and from all further emissions of stone or gravel, the whole quantity of stones discharged, (besides an incredible quantity of gravel,) amounted to near three tea cups full; and besides these, he excreted a great deal of white viscous matter in his urine.

“However, we confess we were rather pleased and diverted with this story, than satisfied about it; because people are generally partial in their own favor; or at least will exaggerate in their accounts of things which tend to their own glory and honor. We therefore desired Signior Gabrieli, for our full satisfaction and conviction, to carry us to see the person. Signior Gabrielli replied, without the least scruple or hesitation, that we were masters to go wherever we would; and no longer ago than yesterday, we went and had an interview with this Effendi. We saw the stones which he had voided, and all the other circumstances of the cure confirmed by the patient's own mouth. Most of the stones are as big as vetches, and somewhat of the same figure; they are all of a dark yellow color, and of a friable texture. The Effendi told us that he had not been able to mount his horse, nor scarce to move about the house, for the space of twelve years before, but was now pretty well, and very easy. He said, however, that when he urined, he had yet a burning pain in the urethra, near its extremity; and, examining his urine, we found it of a wheyish color, abounding with a number of white filiments.”—*Buffalo Med. Journal*.

August 10th, 1852.

PART THIRD.

FOREIGN INTELLIGENCE.

MEDICAL JURISPRUDENCE.

ART. I.—*A Surgeon committed for Manslaughter.*

On Friday an inquest was held at Wellow, a village in the neighborhood of Bath, before J. Whitmore, Esq., deputy Coroner for the Northern Division of Somerset. and a respectable jury, upon the body of a woman named Ann Nokes, the wife of a laboring man residing in the village, in consequence (it was alleged) of the gross neglect of the medical man who had attended her in her confinement. The evidence occupied several hours, but the facts may be briefly stated. The poor woman (the deceased) was forty-five years of age and the mother of eleven children. On Sunday afternoon she was taken in labor with her twelfth child, and there being peculiar circumstances in her case, the woman in attendance upon her sent her husband for Mr. Bourn, a surgeon, residing at Radstock, a few miles off. That gentleman appears to have come as early as possible and remained nine hours in attendance upon her, during which time he removed part of the infant. At 4 o'clock in the morning, however, he received a message from Mrs. Parker, the wife of a yeoman living a few miles off, requiring his services under similar circumstances, and by whom his services had been bespoke two months previously. Strange as it may appear, he immediately resolved to leave the poor woman whom he was attending to go to his richer patient, on the plea that he had been bespoke by Mrs. Parker but not by Mrs. Nokes. As soon as he was gone, a messenger was dispatched to Mr. Marsh, at Midsummer Norton, who immediately attended and proceeded with the operation left unfinished by Mr. Bourn. The unfortunate creature, however, was completely exhausted, and died in two hours after. The jury consulted together for a few minutes and then returned the following verdict:—"We are of opinion that Ann Nokes (the deceased) died through exhaus-

tion consequent on the neglect of her medical attendant, Mr. Bourn." The coroner inquired if he was to understand their verdict to be one of manslaughter against Mr. Bourn. The foreman said they had carefully considered the case, and that was the only conclusion they could come to. The coroner's warrant was accordingly made out for the committal of Mr. Bourn.

[There can be very little doubt that the jury returned a proper verdict in the foregoing case. The man who could, for filthy lucre, abandon an unfortunate woman, under the peculiar circumstances of the foregoing case, could hardly expect a more lenient punishment. —*Boston Med. & Surg. Journal.*

SURGERY.

ART. II.—*On the Merits and Demerits of the Ovarian Section.*

The following are the conclusions which the "British and Foreign Medico-Chirurgical" Reviewer arrives at after a careful consideration of the whole of the cases bearing upon this point, although they must only be considered on the whole, as an approximation to truth:

1st. That in any case in which it is considered advisable to remove an ovarian tumor, it is justifiable to make a small preliminary incision into the abdomen, for the purpose of determining whether the tumor be adherent or not.

2d. If the tumor be adherent, the incision is to be immediately closed entirely, or to such an extent as merely to leave an aperture the size of that made by an ordinary trocar, and we may then expect that this operation will not, on the average, be followed by any more fatal results than common tapping.—*Buff. Med. Journal.*

ART. III.—*Statistics of Cancer.*

SIR:—Your journal of the 22d of May contains a statement, quoted from the first of the lectures which I recently delivered at the Royal College of Surgeons, to the effect that "persons operated upon for Cancer, die, upon an average, thirteen months sooner" than those upon whom no operation is performed.

Allow me to observe that the statement had reference to cases of

schirrous cancer of the breast. In such cases, I believe that the general average duration of life, after the patient's first observation of the disease, is forty-nine months; that the average life of those whose breasts are removed, and who survive the effects of the operation, is forty-three months, and that the average life of those in whom the disease is allowed to run its course is about fifty-five months.

In the second lecture I said that the general result of operations for medullary cancers is very different; and that although they are so seldom long survived that they are generally considered to be less beneficial than the operations for schirrous cancers of the breast, yet, on the whole, they are more so. The general average of life of persons affected with medullary cancer of the eye, testicle, breast, bones, or other external organ, may be reckoned at about twenty-four months from their first notice of the disease; but I believe the average for those from whom the primary disease is removed, and who do not die in consequence of the operation, is about thirty-four months; while the average for those in whom the disease is allowed to run its course is scarcely more than a year.

In the third lecture I expressed the belief that, on the whole, the operation for epithelial cancers is even more effective in prolonging life than the operation for medullary cancers; but that the wide diversities in the duration of life amongst those affected with this form of cancer, make it very difficult, at present, to deduce such an average as may be relied on. And I would repeat what I said in one lecture respecting all these averages—namely, that such general results deserve only general consideration in the treatment of particular cases of cancer. They may justly determine a general rule of action, but it can be only such a rule as must admit of numerous exceptions. In many cases of schirrous cancer there are sufficient reasons for operating; and in many cases of medullary and epithelial cancers, reasons as sufficient for refraining. The right course must, in each case, be determined by a just appreciation of all the conditions each presents.

I am sir, your obedient servant,

JAMES PAGET,

June 1852.

Henrietta-street, Cavendish Square.

ART. IV.—*Case of Hernia of the Lung, caused by the Handle of a Wheelbarrow penetrating the Side of the Chest.* Reported by G. A. LAKE, M. D., House Surgeon to the Royal South Hants Infirmary.

James Taylor, aged 32, a laborer, employed on the new docks, rather a small, thin man for such an occupation, but with a well made chest, has lived temperately, enjoyed good health, and is married; on July 29, 1851, he was wheeling a barrow along a narrow plank, when it slipped, dragging him after it; he fell down about five feet, and pitched on the wheel-barrow handle, which was in a perpendicular position. The handle entered his side, but slipped out again. He was admitted into the Royal South Hants Infirmary, under the care of Dr. J. Bullar, at five o'clock, P. M., about half an hour after the accident, when, on examination, a wound about ten inches in length was found about three inches below, and to the outer side of the left nipple; protruding through it and also through a hole in his waistcoat, was a portion of lung as large as a man's fist, which expanded and contracted very considerably with each act of respiration. The wound was very healthy in appearance and there did not seem to be any wound of the pulmonary pleura. One rib was at the time thought to be fractured, but the state of the patient prevented any accurate examination; and it is difficult to believe that so large a body as the handle of a wheel-barrow could have entered the chest without fracturing the rib.

He experienced great difficulty of breathing; the expression of his countenance was anxious, and there was much collapse; pulse 60. The lung was immediately replaced, and in the act of so doing a very small quantity of air escaped into the pleura. The wound was brought together with stitches and strapping; and the whole of the side of the chest was confined by strips of adhesive plaster, passing half way round. He was placed on his wounded side, but appearing quite unable to breathe in that position was changed, so as to be on the sound side. The apex of the heart could be felt beating, within half an inch of the anterior angle of the wound. There was no hemorrhage.

Seven P. M. Feels much pain, particularly in the left shoulder; pulse 89; respiration 36. He was ordered half a grain of muriate of morphia.

July 30. Has passed a good night ; feels very little pain ; prefers lying on the sound side ; the plaster prevents all movements of the diseased side ; pulse 102, respiration 32 ; farinaceous diet, and the morphia to be repeated at bed time.

31st. He is quite easy ; pain in the shoulder almost gone ; no appearance of discharge at the wound ; skin moist ; urine plentiful ; bowels not open since the accident ; pulse 102, respiration 29 ; he was directed to take five grains of compound rhubarb pill, with half a grain of muriate of morphia, at bed time.

August 1st. The side is quite easy, but he complains of a feeling of fullness ; bowels have not acted ; pulse 104, respiration 25 ; the medicine was ordered to be repeated.

2d. Still complains of the feeling of fullness ; bowels have not acted ; no visible discharge yet at the wound ; pulse 102 ; respiration 18 ; he was ordered to take two pills, containing seven grains of compound colocynth pill, two grains of hyoscyamus, and one drop of oil of peppermint. Evening.—Bowels not yet acted on ; a mild injection was administered, which produced the desired effect.

3rd. He complains of a little pain in the side, particularly on breathing deeply ; pulse 94, respiration 25 ; a slight friction sound and some bronchial respiration to be heard near the wounded part. Evening—Acute, lancinating pain in the side ; friction sound very distinct ; pulse 98, respiration 37 ; wound dressed ; slight superficial sloughing ; very little discharge ; he was directed to take a pill containing two grains of calomel and a half a grain of opium every second hour.

4th. Much better ; pain nearly gone ; slept tolerably ; pulse 96, respiration 26 ; half a pill to be taken every fourth hour. Evening.—Pain quite gone—omit the pills.

9th. Continues doing well ; there is a slight discharge at the wound ; the superficial slough is separating ; pulse 95, respiration 25 ; he was ordered to take two drachms of castor oil.

13th. Feels quite comfortable ; slight tubular breathing can still be heard ; pulse 85, respiration 25.

15th. Does not feel so well ; there is more discharge from the wound ; still cannot lie on the wounded side ; complains of lancinating pains as before in the side ; friction sound distinct ; pills, as on the 3rd, were repeated.

15th. Better ; pulse 84, respiration 20 ; to take the pill every fourth hour. Evening.—Omit the pill.

18th. He feels very comfortable: there is a small circumscribed abscess in the parietes of the chest, which discharges healthy pus ; Pulse 80, respiration 20; it is dressed twice a day with water dressing.

September 1st. Abscess nearly well ; there is some superficial redness over the rib, about an inch external to the wound ; on passing a probe, a sinus is found, running into it ; no bone can be felt.

23rd. Since the last report he has continued improving ; the sinus is healed up ; there is no redness or tenderness, and he is in good condition: he does not expand the left side as fully as the right, but it is resonant all over, and vesicular breathing can be heard at the site of the cicatrix. He was discharged.

The above case would seem to show that, however correct it may be a general rule, to place patients with penetrating wounds of the chest upon the wounded side, yet cases may arise in which that practice can not be adopted, and that bad consequences do not necessarily follow therefrom. In the present instance the straps of plaster and the instinctive efforts of the patient, seem to keep the wounded side, though uppermost, pretty quiet. His complete recovery from so formidable an accident seemed to be due to his previously temperate habits and good state of health, the uninjured state of his lung and its speedy reduction ; the rest given to the wounded part by surrounding the chest, not with mere bandages, but with broad strips of adhesive plaster, which permanently keep their place, and which in this Infirmary are found to be eminently serviceable in treating injuries of the ribs ; and combatting the earliest symptoms of pleuritic inflammation by calomel and opium, persevered in only as long as the symptoms demanded, and repeated when necessary. With the exception of the two slight inflammatory exacerbations, he may be said to have recovered with scarcely more inflammation than was necessary to effect a cure. It is one of those singular cases, of which not a few are on record, where blunt instruments of a large size, such as the pole of a carriage, &c., have been thrust forcibly into the chest without destroying life, and it is therefore not unimportant that it should be placed upon record.

ART. V.—*St. George's Hospital.—Disease of the Hip Joint of several year's standing—Death—Examination of the Joint.*

Much difference of opinion still exists as to the propriety of removing the head of the femur in certain stages of hip-disease ; we are therefore anxious to put upon record facts which may aid in the elucidation of the question. Post-mortem examinations, are certainly of some value ; with this view we adduce the following case, derived from the notes of Mr. Holmes, surgical registrar to the hospital.

Sarah W——, aged six years, was admitted April 21, 1852, under the care of Mr. Keate. This child had been ill, it appeared, for the last two years, her symptoms being referred to the left hip. She had been under treatment at another hospital, and had derived great temporary benefit from the means adopted. On examination, a large abscess was detected at the upper part of the left thigh ; the pelvis was much twisted, and the left knee pointed across the opposite side ; any attempt to straighten it gave her pain, but she did not suffer much otherwise. Her manner was drowsy and listless.

Two days after admission a small opening was made into the abscess, and a considerable quantity of pus evacuated ; the discharge continued, and the deformity increased for the next fortnight ; and as she seemed to be getting weaker, she was given bark and ammonia, with good diet and porter. It was proposed to put her on a double inclined plane, but the pain induced by the attempts to alter her position caused this to be deferred. On the 12th of May, twenty-one days after admission, it was noticed that her drowsiness was increasing, so much so that it was difficult to rouse her, and her strength appeared to be failing. In spite of an abundance of stimulants, she died May 16, twenty-five days after admission.

Post-mortem Examination.—The shortening was only *apparent*, for the measurement proved the length to be the same on both sides. In the brain, the lateral ventricles were much distended by the serum ; the kidneys were healthy, and the diseased joint presented the following appearances :—Head and neck of the femur extensively carious, and articular cartilages almost gone ; the head of the bone was not dislocated, and the ligaments of the joint remained entire. The neck of the femur was extensively diseased, and two or three large portions of bone were lying loose upon the carious mass.

The acetabulum was likewise in a carious state, especially towards its anterior and lower portions, about half the thickness of the bone being there eaten away. In other parts, remains of the cavity were still apparent. There was no trace of disease on the pelvic surface of the os innominatum; the sinuses in the neighborhood of the bone were much thickened, but no collection of matter remained.

Mr. William Adams, demonstrator of morbid anatomy at St. Thomas's Hospital, examined, a few days ago the body of a little girl, about seven years of age, in the last stage of emaciation and marasmus from hip disease, which had lasted several years. The greater portion of the head of the bone was absorbed, the cartilage at the epiphysis, between the head and neck, becoming visible by a longitudinal section. The remains of the head were studded with irregular calcareous deposit, and the great trochanter was carious. The cotyloid cavity was quite disorganized, the bony plate forming its fundus quite destroyed, and pus extended into the pelvic cavity, from which it had been discharged by a fistulous aperture in front of the joint.

It may be surmised, from these two post-mortem examinations, that if the removal of the head of the bone be attempted at all, it must be done early; for it would appear that the cotyloid cavity becomes, with time, involved in the mischief. It is, on the other hand, possible that the disorganizing process may be carried on simultaneously both in the head and acetabulum.

ART. VI.—*A Memoir on the Pathology and Treatment of Leucorrhœa, based upon the Microscopical Anatomy of the Os and Cervix Uteri.*

By W. TYLER SMITH, M. D., Physician-Accoucher to St. Mary's Hospital.

The author first directed attention to the minute anatomy of the os and cervix uteri; and here, at the outset, he was desirous of expressing his warmest thanks and obligations to Dr. Arthur Hassall for his valuable assistance in the microscopical part of the investigation, and without which he could not successfully have prosecuted his researches. The mucous membrane of the os and cervix uteri, like the mucous membrane of other parts, consisted of epithelium, primary or basement membrane, and fibrous tissue, blood vessels

and nerves. But as there were some special characteristics pertaining to this tissue, he proposed, for the convenience of description, to examine, first, the mucous membrane of the os uteri and external portion of the cervix; and, secondly, the mucous lining of the cervical cavity or canal. The epithelial layer of the former of these situations was tessellated or squamous, and so arranged as to form a membrane of some thickness: by maceration, it could be easily detached, and it was then found closely to resemble the epithelial covering of the vagina, with which it was continuous. Beneath this epithelial layer was the basement membrane, covering numerous villi or papillæ, which studded the whole surface. Each villus contained a looped bloodvessel, which, passing to the end of the villus, returned to its base, and inosculated with other blood vessels of the continuous villi. These villi had been mistaken for mucous follicles, usually described as covering the surface of the os uteri; but the microscope failed to discover any distinct follicular structure in this situation. When a thin section of the surface of the os uteri was examined by a low power, the points of the villi could be seen as dark spots through the epithelial layer. A careful examination exhibited these spots as slightly depressed in the centre, yet, nevertheless, slightly elevated in their margins, nipple-shaped, and containing red points, which were the terminations of the looped bloodvessels. These appearances were produced by the villi being obscured by the epithelial covering. The thick layer of scaly epithelium, and the villi, with their looped vessels, were the principal anatomical features of the mucous membrane of the os and external part of the cervix uteri; and these structures played an important part in the pathological changes which occurred in the lower segment of the uterus in leucorrhœa. Between the margin of the lips of the os uteri and the commencement of the penniform rugæ, within the precincts of the cervical canal, a small tract of smooth surface was usually found, which to the naked eye seemed of more delicate structure than the neighboring parts, and when examined by the microscope, was found to be composed of cylinder epithelium covering the villi of the intestinal canal. The cylinder epithelium covered in this situation villi two or three times larger than the villi upon the surface of the os uteri—so large, indeed, as to be visible to the naked eye when viewed by transmitted light. Within the cavity of the cervix uteri, the mucous

membrane contained four columns of rugæ, or folds, arranged in an oblique, curved or transverse direction; and between these columns were four longitudinal grooves. The two sulci in the median line, anteriorly and posteriorly, were the more distinct; and of these, the sulcus of the posterior columns was the most strongly marked. In the normal state, the transverse rugæ, with the fossæ between them, were filled with viscid, semi-transparent mucus; and when this was brushed away, a reticulated appearance, caused by numerous secondary rugæ, was visible.

The author gave a very minute description of these four rugous columns, and the furrows between them, which was illustrated by some very beautiful drawings of the cervical canal, displaying the rugous columns and fossæ of the natural size, and magnified nine and eighteen diameters. The latter power showed a large number of mucous fossæ and follicles, crowding the depressions between the rugæ, and the rugous elevations also. The author mentioned that a healthy virgin cervix, of normal size, contained at least ten thousand mucous follicles. This anatomical arrangement secured a vast extent of superficial surface, which was still further increased by the presence of villi similar to those found in the lower part of the cervix: they were found in considerable numbers on the larger rugæ and other parts of the mucous membrane in this situation. By this disposal of the mucous membrane of the canal of the cervix, a very large extent of glandular surface was obtained for the purposes of secretion. In effect, the cervix was an open gland; and in the opinion of the author, it was in this part of the utero-vaginal tract of the principal seat of leucorrhœa would be found to exist. There was an analogy here which should not be lost sight of, bearing, as it did on the pathology and treatment of leucorrhœa, which was, the great similarity which existed between the skin and the mucous membrane of the vagina and the external part of the os and servix uteri. The resemblance, in these situations, was certainly much nearer to the cutaneous structure than to the mucous membrane of more internal parts. These analogies were strongly confirmed by what was observed by the pathological and therapeutical applications. The author dwelt on the fact that the epithelium of the os uteri and external portion of the cervix was constantly squamous, and that the epi-

thelium immediately within the os uteri was cylindrical but not ciliated ; but that in the rugous portion of the cervical canal the cylindrical epithelium became ciliated. The mucus secreted by the glandular portion of the cervix was alkaline, viscid, and transparent; it adhered to the crypts and rugæ, so as to fill the canal of the cervix. It consisted chiefly of mucous corpuscles, oil globules, and occasionally dentated epithelium, all entangled in a thick, tenacious plasma ; it was remarkable for its tenacity ; while the mucus found in the lowest part of the canal, was thinner in appearance. There was an essential chemical difference between the vaginal mucus and the secretion of the interior of the canal of the cervix ; the first was always acid, and the latter invariably alkaline. Mr. Whitehead, of Manchester, had noticed this fact, and the observation of the author confirmed his views.

The acid of the vaginal secretion was more than sufficient to neutralize the alkaline secretion of the cervix, and when any secretion from the cervical entered the vagina, it became curdled from the coagulation of its albumen. It was worthy of note, that that part of the mucous membrane of the uterus and vagina which resembled the skin, was the only part which, like the skin, furnished an acrid secretion. The vaginal mucus was a simple lubricatory fluid. But the uterine cervical mucus had other uses besides that of lubrication; in the healthy condition, in the intervals of the catamenia, it blocked up the passage from the vagina to the fundus ; it thus defended the cavity of the uterus from external agencies, and from its alkaline character, afforded a suitable medium for the passage of spermatazoa in the uterus. Having stated his views of the structure of the utero-vaginal mucous membrane, the author expressed his opinion that the glandular portion of the cervix uteri was the chief source of the discharge in leucorrhœa. Leucorrhœa, in its simple and uncomplicated form, was the result of an increased activity of the glandular portion of the cervix. A follicular organ, which should only take an active condition at certain intervals, became constantly engaged in secretion. Instead of the discharge of the plug of mucus at the catamenial period, an incessant discharge was set up. At first the discharge was but an unusual quantity of the elements of the healthy mucus of the cervix. The quantity increases, and be-

comes a serious drain to the constitution, and the glandular cervix in some cases becomes so excitable, that any unusual stimulus, even mental emotions, provokes an augmentation. The author next referred to the condition under which the epitheleum of the os and external part of the cervix uteri and upper portion of the vagina might be partially or entirely removed. The mucous membrane then presented an intensely red color, from the presence of the naked villi, and an appearance of roughness or excoriation presented itself. He thought that among the causes which produced this aspect of ulceration were eruptive disorders, similar to herpes or eczema, which strongly marked the analogy between this tract of mucous and the skin. He had observed cases in which an occasional herpetic eruption upon the uteri always produced herpes præputialis in the husband. But the most frequent cause of denudation arose from the alkaline mucous discharge of the cervix irritating the acid surface of the os uteri, and causing the rapid shedding of the epithelium round the margin of the os. A microscopic examination was given to the various discharges met with in these affections, in making which the author was assisted by Dr. Handfield Jones and Dr. Hassall. In cervical leucorrhœa, the discharges consisted of quantities of mucus-corpuscles, and in severe cases, pus-corpuscles and blood-discs, with fatty matter, involved in a transparent plasma. The epithelial debris is constantly present, but in limited quantity. In vaginal leucorrhœa, including the external portions of the os and cervix uteri, the plasma is opaque, and contains myriads of epithelial particles in all stages of development, with pus and blood globules when the villi are affected. When a circumscribed ulcer is visible upon the os uteri to the naked eye, after death, such as occurs in eruptive affections of the os and cervix, and is examined by the microscope, with a low power, it is found to consist of a base from which the villi are entirely removed, or in which only the scattered debris of villi remain; and surrounding this base there is a fringe of enlarged villi, partially or entirely denuded of epithelium. The character of the so-called ulceration of the os uteri was detailed, and the nature of the discharge described. The author then observed that if any division of leucorrhœa were made, two principal forms must be recognized—

I. The *mucous* variety, secreted by the follicular canal of the cervix.

With respect to the so-called ulcerations of the os and cervix, two kinds of morbid change would be observed—

1. *Epithelial abrasion*, by far the most common, in which the epithelium was alone deficient.

2. *Villous abrasion, erosion, or ulceration*, in which the villi are affected by superficial ulceration.

It was to the villi, denuded of epithelium and partly eroded, that the marked forms of granular os uteri were owing. The ovules of Naboth, often referred to by writers as obstructed follicles, the author had found to be in reality an eruptive disease of the mucous membrane analogous to a cutaneous affection. In these affections of the cervix uteri, it frequently happened that the cervix uteri was partially everted, and the deep-red surface covered by vascular villi thus exposed, had frequently been mistaken for breach of continuity in the mucous surface. The author then offered some remarks on the practical deductions which might be drawn from the present investigation.

The glandular structure of the parts from whence the leucorrhœal discharge arose, pointed to the influence of constitutional causes, and exemplified why this affection should be so common in women of strumous habit and leuco-phlegmatic temperament: it vindicated the importance of constitutional treatment, and directed attention to the more rational employment of topical remedies; and it was evident that the profuse application of caustics, as recommended by the French school of uterine pathology, was both unnecessary and unscientific. He admitted that leucorrhœa of the cervical canal was sometimes cured by the use of caustics to the os uteri, but in these cases they acted as counter-irritants to the glandular structure. The indications of treatment, based on a knowledge of the minute anatomy of the os and cervix uteri, and the study of its pathology in leucorrhœa, appeared to the author to require constitutional medicines and regimen, with local applications. Local measures, to be of any use in cervical leucorrhœa, should be applied, not to the vagina, nor the os uteri, but to the canal of the cervix. In vaginal or epithelial leucorrhœa, common injections were serviceable; but in cervical or mucous leucorrhœa, no benefit could result unless the injection pass-

ed into the cervix. He mentioned the methods he adopted to secure this result, and concluded by expressing a hope that the prosecution of these researches might prove serviceable, by rendering a troublesome class of maladies more intelligible than they had hitherto been, and by tending to correct errors of practice, and to indicate the just value of constitutional and topical remedies.

[Dr. Tyler Smith's paper was illustrated by a number of beautiful drawings, which excited great attention among the Fellows, representing the novel points described in the paper, and which were made under the superintendence of Dr. Hassall.]

At the conclusion of Dr. Smith's paper, the President observed that he should be happy to hear any observations upon it from the Fellows. After a short pause,

Dr. Locock rose and said that he regretted an appointment obliged him to leave the society immediately, but he could not do so without first offering his thanks, and he was sure he might add the thanks of the whole society, to Dr. Tyler Smith, for his very admirable paper. He could scarcely remember an occasion on which he had listened to a paper with greater interest, or from which he had derived so much instruction. The present communication was, in his opinion, a step in the right direction, and he felt convinced that researches of this kind would eventually lead to a better understanding and an improved treatment of what was most certainly a very intractable class of disorders. He was glad to learn the author intended to pursue the subject, and he should certainly look forward with great interest to the progress of his further investigations.—(Cheers.)—*Northwestern Med. Journal.*

PRACTICAL MEDICINE.

ART. VII.—*On Some of the Effects of Atropia and the Sulphate of Veratrina.* By Dr. GIACINTO NAMIAS.

Following the example of Dr. Lussanna, the author tried atropia in the treatment of epilepsy, in the Civic Hospital of Venice, to which he is chief physician. The dose he employed was the twenty-fourth part of a grain, five or six times a day, dissolved in water by means of acetic acid, and he satisfied himself that this alkaloid is an

efficacious remedy in many spasmodic diseases. He has also applied it by inunction on the sound skin, as recommended by Dr. Closio, in the proportion of a grain to a drachm of lard. The phenomena produced by its action when the dose used is too strong, are dilation of the pupil, indistinctness of vision, confusion of ideas, slowness in answering, difficulty of certain voluntary movements, a sense of weakness, and occasionally vomiting. And since in epilepsy, as well as in many other forms of nervous spasmodic affections, particularly when of long standing, two etiological elements generally co-exist, viz: a permanent morbid condition or organic lesion, oftentimes only recognizable by the anatomist, and a predisposition in the nervous fibre in determining the convulsions, atropia, by modifying the susceptibility, will assist in diminishing the intensity and frequency of the attacks, and will thus give time for the cure or alleviation of lesions of the first class, and when an abnormal condition of the fibre exists alone, will be sufficient to eradicate the disease. The illustrious Buffalini, too, observes the author, arrived at the conclusion that tetanus consists of two elements, an exciting cause, and a peculiar modification of nervous action, a special *neurokenesis*. The author believes atropia to be always useful in spasmodic affections; whether it be administered internally or applied topically, its action, when properly used, is not only safe, but decidedly soothing.

As to the sulphate of veratria, recommended by Magendie in dropsies as an exciter of the action of the kidneys and bowels, (effects not verified by Namias,) he says that it acts upon the cutaneous surface, in various parts of which it produces a sense of pricking, formication and heat—which latter sensation extends from the throat and epigastric region to the skin itself. Of the sulphate of veratria, which is very soluble, the author gave from half a grain to two grains, in six ounces of water—daily, in neuralgic affections and rheumatic pains.

This salt excites the pulse, and in general produces perspiration, with alleviation of the pains; it is contra-indicated if acute inflammation or fever be present, causing in such cases vomiting, frequently diarrhœa, tormina and prostration of strength. In order to increase its good effects, the author, at the same time, that it was given internally, directed the ointment of atropia to be applied exter-

nally, and quotes cases showing the beneficial results of this mode of treatment. Its external application gives rise to the same phenomena as its internal application. The author is engaged in investigating chemically the cutaneous exhalations in persons treated with veratria, and from such a man science may expect much.—*Giorn Ven. delle sc. Med.* 1851.—*Bulletino delle Scienze Mediche di Bologna*, August and September, 1851, p. 178.

ART. VIII.—*Chloroform in Infantile Convulsions and other spasmodic Diseases.* By PROFESSOR SIMPSON, Edinburgh.

As the majority of convulsive attacks in infants depend upon sympathetic or functional derangements, and not on structural changes, the first indication is to discover and remove sources of irritation; and the second, to reduce super-irritability of the excito-motory system. In the more chronic cases, iron and zinc are used; in the more acute ones, antispasmodics, such as opium, hyoscyamus, and musk.

Case.—The Viscountess —— was confined on the 7th of October. On the 17th of the same month, the child was observed by the nurse to have two or three times during the day twitchings in the muscles of the face. On the two following days these increased in frequency and extent; on the 20th the convulsions became far more violent in their character, were more prolonged in their duration, and were repeated with much greater frequency. They continued with little change and no abatement in their intensity or frequency, for the next fourteen days. Sometimes they affected the right side of the body more severely than the left. In the meantime Dr. Scott and I tried a great variety of means for their relief, but all in vain. The bowels were well acted upon with mercurials, magnesia, &c., and every separate function attempted to be brought as near as possible to the standard of health. A new wet nurse was procured, lest the milk might perchance have been proving, as it sometimes does, the source of irritation. The child was placed in a larger and better ventilated room; ice and iced water were occasionally applied to the scalp. At one time, when the fits became unusually prolonged, and were not only accompanied but followed by much congestion of the vessels of the scalp and face, and an elevated state of the anterior fon-

tanelle, two leeches were applied. Liniments of different kinds were used along the spine. Musk, with alkalies, was given perseveringly for several days as an anti-spasmodic ; and small doses of opium, turpentine enemata, &c., were exhibited with the same view. All these, and other means, however, proved entirely futile.

As I have already stated, it was on the 20th of October that the fits first assumed a severe character, and they continued without any amelioration for about fourteen days from that period, recurring sometimes as frequently as ten or twelve times in an hour. At last the child, who had hitherto maintained wonderfully his strength and power of suction, began to show symptoms of debility and sinking ; and during the fifteenth and sixteenth days of the attack, the fits became still more violent, and more distressing in their character. They were now accompanied with moans and screams that were painful to listen to ; symptoms of laryngismus and dyspnœa supervened towards the termination of each fit ; and in the intervals the respiration, as well as the pulse became much quickened.

During these two last days of the disease, the exhaustion became so great, the dyspnœa in the intervals so distressing, and the fits so violent and constant (seventeen were counted in one hour,) that Dr. Scott and I gave up all hopes of the possible survival of the infant. We had exhausted all the usual means of relief. Ultimately, but much more with the view of abating the screaming, laryngismus, and other distressing symptoms under which the little patient was suffering, than with any great hope of permanent relief and cure, I placed the child, on the forenoon of the 5th of November, for about an hour under the influence of the inhalation of chloroform. During this hour there was no recurrence of the fits ; but in a short time after the withdrawal of the action of the anæsthetic the convulsions recommenced with their old violence and frequency. The benefit, however, was sufficient to encourage a longer repetition of the remedy ; and from four to eight o'clock in the afternoon of the same day, my assistant, Mr. Drummond, placed and kept the child again under the influence of chloroform, a few inhalations from time to time, of a very small quantity of the drug sprinkled upon a handkerchief, and held before the face of the infant, being sufficient for this purpose. It was specially applied at any threatening of the recur-

rence of a fit, and during the four hours in question, all convulsions were in this way repressed. When the child was allowed to waken up at eight o'clock, it took the breast greedily, and continued well for upwards of an hour, when the convulsions again began to recur. At last, about 12 p. m., it was again placed under the inhalation of chloroform, and kept more or less perfectly under its action for upwards of twenty-four continuous hours, with the exception of being allowed to awaken eight or ten times during that period for the purpose of suction and nourishment. During most of this period it was carefully watched by Mr. Drummond, and at last the nurse was entrusted with the duty of adding the few drops of chloroform to the handkerchief, and exhibiting them at any time the child was offering to awaken or become restless.

After this long continuation of the chloroform, the child, on being allowed to waken up, as usual drank greedily at the nipple, and immediately fell back into quiet and apparently natural sleep. The chloroform and all other medication was in consequence discontinued; and from this time there was subsequently no recurrence whatever of the convulsions. In about ten days the infant was removed with the family to the country. I have within the last two days (December 18,) seen the child as it was passing through Edinburg. It was strong, plump, and well grown for a child ten weeks, and was, in fact, revelling in the best of health.

In exhibiting the chloroform to this infant, ten ounces of the drug were expended; but of course a large proportion of this quantity was lost by evaporation, in consequence of the mode in which it was employed.

I have known the inhalation of chloroform similarly useful in other cases in arresting infantile convulsions; but I am not acquainted with any instance in which the patient was so young as in the above instance. In the adult also, especially in cases of puerperal convulsions, I have now repeatedly seen the inhalation of chloroform as signal and satisfactory in its antispasmodic power over the convulsive fits, as it was in the little patient whose case I have described. Tetanus and epilepsy have been temporarily arrested and controlled by it; and perhaps it will yet be found one of our most certain and beneficial means in the functional forms of those different convulsive or spasmodic diseases that are produced either by an undue excitability of the spinal system, or by distant morbid irritations acting

through this, the exito-motory system. Such reflex convulsive or spasmodic affections are, as is well known, particularly common in infancy and childhood. I have seen its use arrest laryngismus, colic, hiccup, &c.; and cases have been detailed to me of its occasional successful use in asthma, spasmodic urethral stricture, &c. But there is one common and too fatal disease, almost confined to the period of childhood, in which I have seen anæsthetic inhalations successful in arresting and controlling the paroxysms, and where probably a more extended and persevering use in the employment of them would be found to be attended with beneficial effects. I allude to the whooping-cough, under the fear that they might possibly increase the great predisposition which exists in this affection to pneumonic inflammation, or aggravate the inflammation if it were already present. This *a priori* reason, however, against the use of chloroform inhalations as an antispasmodic in whooping-cough, has been of late set aside by the observations in the Monthly Journal for December, 1847, in addition to its employment as an antispasmodic, anodyne, &c., I suggested the possibility of the drug acting as a contra-stimulant in some inflammatory diseases, and particularly those of a painful kind. Latterly we have had records published of its employment in upwards of 200 cases of pneumonia in German practice. Out of 193 cases of pneumonia treated with chloroform inhalations by Wachern, Baumgartner, Helbing, and Schmidt, 9 patients died, or the mortality amounted to $4\frac{1}{4}$ per cent. Dr. Varrentrapp has given chloroform in 23 cases of pneumonia in the Frankfort Hospital. One of these 23 patients died. The detailed results in the other 22 cases seem to have been sufficiently satisfactory. At all events, the effects of the chloroform inhalations upon the cough, expectoration, &c, and upon the general course of the disease, would appear to show that we need have no fear of deleterious effects from it, as far as regarded the chance or existence of pulmonary inflammation; whatever advantages we may derive from it in relation to its prevention of that inflammatory state by allaying the cough, keeping the lungs in a relative state of quietude, and abating or restraining the succession of characteristic spasmodic attacks. I speak of course of the more severe cases of pertussis; for the milder forms of it require care merely rather than actual treatment.—*Braithwaite's Retrospect and Monthly Journal.*

ART. IX.—*Remarks on the effects of Iodine on the Glandular System and on the Properties of Koussou.* By THOMAS H. SYLVESTER, M. D., Clapham.

[Read at the Anniversary Meeting of the South Eastern Branch.]

In our journal the question has been asked whether atrophy or absorption ever takes place in the glandular system from the use of iodine? In answer to this question I would beg the favor of the present members of the Society to allow me to make a few remarks, the result of many years attention to this point. From 1834 to 1844, a great many patients, suffering under secondary and tertiary syphilis, were admitted into St. Thomas' Hospital, more especially under the care of the late Dr. Williams, who had gained a high reputation in the treatment of these morbid symptoms. Most of these patients came under my notice and particular observation, and many of the remarkable cases were entered in my note book, but one instance of atrophy or absorption of the large glands, occurred in our experience. It was thought advisable, on the recommendation of Lugol, to test the efficacy of iodide of potassium in scrofulous enlargement of the glands, and in order to give M. Lugol's method of treatment fair play, a most characteristic specimen of these affections was selected. A young woman, fat, florid, and fair, aged 18, was admitted with suppurating glands at the angle of the jaw, and others approaching suppuration, or hard and inflamed, extending to the chin, were conspicuously prominent. Eight grains of iodide of potassium, in camphor mixture, were prescribed, and steadily administered for six months, without the slightest perceptible effect on the scrofulous mass of glands, and she was presented in much the same state as at her admission. Now it happened that in this girl the breasts were largely developed, but no change was produced in their size by the treatment adopted for scrofulous ailment, notwithstanding the full dose, and the prolonged administration of the iodide.

There were at this period, before the treatment had become generally known, innumerable cases of syphilitic periostitis, in which the iodide of potassium was very successful, and yet we never witnessed atrophy or absorption of either breast or testicle during the use of this remedy. A case of simple hypertrophy of the breast was then made the subject of experiment; eight grains of the drug were ta-

ken, steadily and continuously, for three months, but no diminution of the mammae took place.

A boy, aged 12, presented himself with immensely enlarged tonsils, and took the iodide nearly six months, without any impression having been made upon these organs. It would weary you to bring forward further illustration on this subject, and this negative kind of argument, is, I am aware, perfectly satisfactory, and may be destroyed by a single example of the positive power of the remedy in causing absorption of either the breast or testicle; but ten years' observation in a large hospital failed to furnish me with a single proof in favor of the opinion that atrophy or absorption of the glandular system, in its normal condition, arises from the use of iodine in any form. Experience as to the topical application of this powerful agent, involves an inquiry into the effects of friction, stimulation, protection and warmth, and excludes all interference as to its specific property. It must be confessed that enlarged testicles not unfrequently yield to its influence, but it will be found on inquiry, that in these cases the system has been contaminated by the syphilitic poison. The same remark is applicable to chronic induration of the inguinal glands. It is a very remarkable fact that the swelling of the thyroid body in common bronchocele, vanishes under the internal use of iodine, especially the iodide of potassium. The rapidity and certainty of its removal are equalled only by that of the venereal node; and I have sometimes thought that there might be a vital elective attraction between the iodine and the lime, which forms the basis of the nodal tumor, and is, probably the chief element in the thyroid enlargement.

It remains to be explained, how it happens that tumors, enlargements and thickenings of a nature other than have been noticed, disappear under the use, topical or internal, of the remedy in question; the explanation is undoubtedly difficult, but I may be allowed to remark, that there is an absence of permanency in the glands generally, the thyroid disappears spontaneously, the tonsils naturally at puberty, the breasts in advanced age, and sometimes the testicles and ovaries; and there are few practitioners who have not met with cases of absorption of the breast and testicles from some unknown cause, and in morbid instances, when no medicine has been

taken. I have over and over again known and seen large swellings to vanish under the long and continued application of a poultice, or wet lint and oil silk; and an equal number of failures where iodine, internally, or externally, was had recourse to, have occurred to me.

I recommend this subject to my medical brethren, and I do not hesitate to say that they will confer a great boon upon scientific medicine by determining, with certainty, the value of iodine in the cure of disease.

ON THE PROPERTIES OF KOUSSO.

Much difference of opinion still exists with regard to the specific property of koussou, or the *Brayera antelmintica*. It has been lauded by some as universally efficacious in the treatment of tapeworm, whilst by others it has been described as inferior to turpentine or the preparations of male fern. My attention has been drawn to this subject, more particularly of late, from learning that the price of the drug has undergone considerable diminution, and that we are likely to have a regular, abundant, and cheap supply from Abyssinia. My first patient gave *one guinea* for two doses of half an ounce each. The traveller, Mons. Rochet d'Hericourt charged M. Simon, his agent in London, £1 15s per ounce. He had in his possession 1400 pounds, which even at £1 10s per ounce, would have produced him the enormous sum of 22,400 guineas. The ordinary price of the bruised flowers and leaflets, of which I have brought a specimen for your inspection, is two shillings the ounce, It is prudent to order the drug in this form, rather than as a powder, adulteration in the former case being more difficult of accomplishment.

I have not hesitated to prescribe the koussou, at its present reduced cost, even to my dispensary patients, and the cases about to be related encourage me to hope that much benefit will be conferred upon the poor by its employment, (for it is they, chiefly, who suffer from the disorder,) and that ultimately it will be a recognized article of the *materia medica*.

CASE:—A girl, aged 15, came under my care, at the Clapham General Dispensary, for worms; she had been suffering from this cause for nearly six years, and had undergone a variety of treatment, which had been partially efficacious, and brought away portions of

tænia ; but the head could never be discovered in the evacuations. It often happened that, after taking a strong purgative, she passed fifteen or twenty feet of her internal enemy, and yet long pieces were evacuated every week or ten days. Her night dress frequently contained some of the articulations, and she was occasionally obliged to leave school for the purpose of having extruding portions removed.

Having taken large doses of the spirits of turpentine in gruel, many times, and five grains of the sulphate of iron, with a drachm of salts, three times a day for several months, without avail, she discontinued her visits to the dispensary, and placed herself under the care of my friend Mr. Angers, as a private patient. It was then determined to administer kousso, and a dose was procured at considerable expense—namely, one guinea. It proved entirely efficacious ; an immense mass of the worm came away, in which, after a most careful and minute examination, the head was discovered. This part might easily escape observation, owing to its minuteness ; it appears singularly disproportionate to the size and length of the animal, not being much larger than a pin's head. It is characterized by four black points like eyes, but which are really suckers, by the aid of which this parasite worm absorbs the chyle contained in the intestinal canal. I preserved this part of the animal for many months, in spirits of wine, but unfortunately my servant, by mistake, threw it away, to my very great annoyance. The first dose given to this patient answered the purpose, but it was thought advisable to repeat it, and accordingly another half ounce of the powder was infused in hot water, and taken the day after a gentle purge of castor oil. The whole of the worm seemed to have been removed, for the kousso acted gently, as before, upon the bowels, but no articulations were found ; the patient remained free from other inconvenience. This patient had been under the most eminent worm doctors in the metropolis, without benefit.

Case 2.—Miss T., aged 12, had suffered for three years from tænia, and taken turpentine, senna, calomel, and the usual drastic doses. The first dose of the kousso fully answered the purpose, for, although the actual termination of the worm was not obtained, the mass was traced to a fine point, slightly jagged, and the patient has been free from the symptoms of the disorder a very long time. A

second dose was given in this case also ; it acted gently, as the first had done, but the motion contained nothing remarkable. The price had now been reduced to three shillings.

It would be easy to multiply evidence on this subject, from the experience of my professional friends, but the two cases now brought forward are sufficient to prove that the *Brayera anthelmintica* deserves a place in our *materia medica*, and a constant moderate price is the only circumstance wanting to bring it into general use. It will be observed that this success did not depend upon the activity of its purgative quality. The action was gentle, and far less severe than that of the inefficacious drastic remedies which had preceded it ; we must therefore conclude that its operation is specific, and, like all specifics, it will occasionally fail. There are many varieties of the *tænia*, and it is not improbable that to some of these it does not prove poisonous, if its failure does not arise from adulteration. It seems to be a harmless thing, of no striking property in the human body when the worm is absent. I have given two drachms, infused in hot water, to persons complaining of abdominal pains, who formerly suffered from *tænia*, and it has moved the bowels slightly, and relieved the pains, just as an ordinary dose of rhubarb would do, and with no other perceptible effect. It is now pretty generally known that the *Brayera anthelmintica* was discovered by the traveller Bruce ; it is classed amongst the *Boracæ* ; and by De Candolle, in tribe v., *Dryadeæ*. It grows in Abyssinia to the height of twenty feet, and is cultivated every where for its anthelmintic properties. It is found in Tigre, Agame, and Shoa, and, according to Dr. Beke, through the entire table land of Northeastern Abyssinia. The bunches are gathered before the seeds are quite ripe, whilst still a number of florets remain unchanged. Its peculiar property resides chiefly in its bitter acrid resin, soluble in ether and alcohol. The decoction strikes a dark green tint with a solution of the sesquichloride of iron. Dr. Pereira, from whose paper the *Pharmaceutical Journal*, (Vol. X., No. 1,) much information on the subject may be gained, gives the following directions for its administration :—“ The powdered flowers are to be mixed with lukewarm water, (for an adult, about ten ounces,) they are allowed to infuse for a quarter of an hour, a little lemon juice is then to be swallowed, and the infu-

sion to be stirred up, the whole is taken, liquid and powder, at two or three draughts, at short intervals, being washed down by cold water and lemon juice. To promote the operation, tea (without sugar or milk) may be taken. In three or four hours, if the remedy has not operated, a dose of castor oil, or a saline purgative should be administered."—p. 24.

Not unfrequently, both in public and private practice, patients present themselves suffering from tape-worm; sometimes very little inconvenience is complained of, but generally there are distinct symptoms of the disorder. I am inclined to think that the popular notion is well grounded, and that, till the head of the animal comes away, the patient is not cured. There is seldom more than one worm, and yet portions are constantly being separated, which, if they possessed independent vitality, and the power of reproduction, would assuredly fix themselves on some other portion of the intestinal tube.

The Abyssinians feed upon raw meat, and to this rude practice may be referred the prevalence of this malady amongst these people. The cysticercus is found in the flesh of the pig and sheep in our own country, and if the tænia be a developed cysticercus, its origin here would be accounted for. Some very humorous, and yet instructive remarks on this subject are contained in the last *Edinburgh Monthly Journal*. It is more than probable that the ova of the tænia, the ascaris, and some other parasitic animals, find their way into the human body through the unprepared or uncooked materials of our food. And it may be further remarked, that a low degree of vitality of the system greatly predisposes it to their attacks, and hence the value of steel, and other tonics, by way of prevention and restoration.—*Prov. Med. and Surg. Journal*.

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—OPERATIVE SURGERY—*Illustrated*. Containing more than nineteen hundred engravings, including two hundred original, and fifty colored drawings, with Explanatory Text. By R. J. PIPER, M. D. Also a Chapter on the use of Ether in Surgery, 12mo. pp. 384. Ticknor, Reed & Fields, Boston, 1852.

This work is constructed upon a plan so entirely different from those in the same department which have preceded it, that it requires an especial notice. For a book containing but 384 pages, it is quite voluminous, and this indeed is no matter of surprise, as it contains also nineteen hundred engravings! It is in fact a book of plates, the text being little more than explanations. It contains a mixture of *pantomime* and language, intended to be enough of the latter to make the former perfectly intelligible. Appreciating the advantages of pictorial illustrations in Operative Surgery, the author has employed this means to its fullest extent, and, by a methodical and skillful arrangement, he explains by pictures and talks by signs, so that the text comes in as a secondary consideration. For certain purposes this plan will succeed; for instance, when instantaneous reference is demanded and when there is no time for deliberate investigation. A glance at the illustrations and a moment's reading, displays in coarse outline the whole matter under consideration, and the surgeon is thereby much better prepared for the emergency before him than he would have been without it. It is true, as the author remarks, that "a picture often presents to the eye at a glance more satisfactory and precise information than a protracted description," and the impression upon the mind is more lasting.

Our first impressions of this work were not of the most favorable kind—but, on looking over its pages of explanations, and its brief allusions to the principles and concise descriptions of the operations of Surgery, we are inclined to indulge a much more exalted opinion of it. It is really an excellent epitome of Practical Surgery, so tho-

roughly and beautifully illustrated by a perfect multitude of plates, that the student and young surgeon can, not only well afford to have it in their library, but cannot as well get along without it.

The mechanical execution of the work is executed upon the English plan. The paper is of the best quality and the type is clear and beautiful. On the whole, the author and publishers have succeeded perfectly and have done themselves great credit in its literary and mechanical execution.

2—OBSTETRICS. *The Science and the Art.* By CHARLES D. MEIGS, M. D., Professor of Midwifery, &c., in Jefferson Medical College at Philadelphia, &c. &c. &c. Second Edition, Revised ; with one hundred and thirty-one Illustrations, 8vo., pp. 759. Philadelphia: Blanchard & Lea. 1852.

The works of Professor Meigs are too widely known and too thoroughly appreciated to need any commendation from us. It is sufficient for us to say that a new edition has been demanded, and the present, which is a decided improvement upon the first, supplies the demand. The author remarks that "it may not be out of place to say that, besides the relation of new cases, the recasting of my remarks on Cyanosis and many fuller explanations of motives in practice, I have substituted for the former chapter on Puerperal Fever, a new chapter under the head of Child-Bed Fever. In that chapter I trust I shall be found to have made somewhat more clear and intelligible the views that I deem most important upon the nature, seats, causes and treatment of that disorder, and that I have also set forth, with sufficient clearness, the motives that have long impelled me to reject the doctrine of its contagiousness."

The style of Dr. Meigs is evidently peculiar to itself, and in many respects objectionable. It is too *dashing* and *head-long* for a standard scientific work. Still, being always sure to awaken and fix the attention of his reader, and displaying a vast amount of sound practical information, the profession seems inclined to excuse his singularities and place his works among the choicest contributions to medical literature. On the whole, we have reason to be proud of Dr. Meigs as an American writer. Few works in any country have been more widely circulated and more generally approved than his, and conse-

quently, we cheerfully commend this work on Obstetrics to the favorable consideration of our readers.

3.—*Practical Hints on the Teeth.* By W. E. IDE, M. D., Dentist, Columbus, O., 1852. SCOTT & BASCOM, Printers.

The above is the title of a very neat little book from the pen of our townsman, Dr. Ide. The well-known high professional reputation of the author is a guaranty for the soundness of its teachings; and, upon a careful examination of its contents, we unhesitatingly pronounce it a truly valuable little work.

It has been justly said, long since, that a great book is a great evil; and, in this respect, the Doctor can felicitate himself in having, in such a limited space, conveyed so great an amount of information. There is not a sentence in it which is not of real, practical utility. The necessity of the preservation of the *Teeth*, much less as a mere personal ornament, than the vast influence which their condition exerts over our physical well-being, is yet, we are sorry to say, far from being properly appreciated. A very little attention to the subject, would assist much in dispelling this lamentable ignorance; and, we are happy to say, the laudable efforts of Dr. Ide, in placing before the community these *Practical Hints*, have supplied a great desideratum, which we hope will be duly appreciated.

As commendatory of the object arrived at by the Doctor, and the manner in which he has effected his purpose, we are pleased to see that a vote of thanks has been tendered him by the New York Dental Society, and a very flattering notice of his book, made in the Dental News.

There is one way in which *these limits* are calculated to be eminently serviceable, we mean in guarding the community from the inroads of presumptive and officious quackery.

Though designed for the non-professional reader, they are strictly scientific in their teachings; and a careful perusal of them will enable any person of moderate intelligence to form a pretty correct estimate of the mechanical skill and scientific attainments of those whom they may wish to employ in the capacity of dentists.

The work is for sale at the Bookstores in the city; and we hope heads of families will procure it and place it in possession of their children.

PART FIFTH.

EDITORIAL AND MISCELLANY.

Progress of Empiricism.

And what can we say, to interest our readers, on this lamentable and threadbare subject; and what can our puny arm or pen do to stay the onward progress of Quackery? Probably absolutely *nothing!* Of what use is it then, to touch the subject if the evil can neither be palliated nor cured? We answer that it is always well for physicians to understand the nature and progress of every disease, however intractable or fatal in its tendency. He should study to know what can, and what cannot, be cured by remedial agents, else no rational prognosis can be made out, and many ill-directed efforts and means are worse than wasted. The traveller passing through regions infested with venomous reptiles, studies their natural history and evil propensities, and flees from the hydra-headed monster which he knows he cannot kill. He knows that a war with rattle-snakes would be as irrational as Don Quixotte's war with windmills, and both would be no less bootless than a physician's war with quacks. While then, we would not enter upon a contest, or war of extermination, with medical empiricism, we are inclined, incidentally, to make ourselves and others, so far as practicable, acquainted with its strongholds, its prospects, its changing phases, and its rottenness.

It is a humiliating fact, that quackery not only exists, but flourishes in our country. It is confined to no locality—to no race nor grade of society; a portion of every class in every community swallow its mysterious absurdities, and become intoxicated by the charms of a new system of therapeutics. The habits, tastes, modes of thinking, and ranks of intelligence, of any people, are not more diversified than the fallacious systems of medicine constructed for the especial gratification of each. There is a system for the vulgar and another for the elite—one for those who seldom think, and another for those who do little else but think. The poor illiterate man who believes there are but four elements—earth, air, fire, and

water—adopts the vagaries of Thompsonianism. He of strong and abounding prejudices, takes Eclecticism and discards minerals. He who spends his life and energies in constructing etherial and unphilosophical systems in Theology, and teaches that this, that, or the other is the only one whereby man can be saved from eternal death!—usually accepts the superlative absurdities of Hahnemann, and talks loudly and sanctimoniously of the astonishing effects of sugar pillets medicated with charcoal or sulphur. Certain persons, in every neighborhood, are forever in hot pursuit of some irregular system of medicine, and they seldom, or never, employ regular physicians. If they become disgusted with the vulgarities of the steam practice, they perhaps turn, for relief, to the botanic system, and thence to homeopathy, but seldom to rational medicine.

And why does quackery thus abound? Why is it that Homœopaths, and other pretenders, are becoming more and more numerous? Why are quacks—of every description, who darken and curse our whole land—not only treated civilly, but sustained and employed by the high and the low, the rich and the poor, the learned and the ignorant? The answer lies in the constitution of many, and not in the truth or fallacy of the system of Medicine under consideration. Truth is simple—aye, indeed!—and here is the difficulty—it is too simple for some impracticable minds. Simple, unadorned truth is often sacrificed to perfect a beautiful system. This system is used by the designing knave to gratify selfish purposes, and while he engages most vehemently in explaining its beautiful rationale, the wonder-loving crowd is dazzled, and then converted.

Powerful efforts are now being made, all over our country, by the medical profession, to lay “broad and deep,” its foundations in Science—to strengthen its stakes, and to elevate itself by more perfect organizations and systems of primary and professional education. One of the great arguments used in favor of these efforts, is that quackery will be overcome thereby, and will be driven discomfited from the world. The motive is excellent, but in our humble estimation the hopes of those engaged in the work are destined to be disappointed. True, ignorance in a regular physician, disgraces the regular profession, and meanness *may* indirectly play into the hands of the pretender. Our noble calling is doubtless often injured in its fair name by the derelict sons of orthodox schools, *yet* strong organizations, and all the high and holy purposes of a united profes-

sion, can never kill quackery, nor stay its progress. While hundreds of learned and skillful physicians and surgeons are daily insulted and dismissed by more or less intelligent people, for the purpose of giving place to vile, shameless, and unconscionable quacks, how is it possible to gain the ascendancy over quackery by elevating the standard of education? In our own city, in neighboring cities, villages, and in the country, irregular professional ignoramuses are permitted and encouraged to ride "rough-shod" over our best physicians, and by bragging, fulsome promises, and *lying*, they reduce the patronage of the latter and drive them into other avocations. True again, the present popular systems of empiricism will live through their day and die an ignominious death; but they will be sure to give place to others, if possible, more absurd, and perhaps more disastrous in their results; already we see new systems announced, and, like the encroachments of cholera in the east, we see in the distance their strides and read of their conquests.

The above desultory remarks were suggested by reading the private letter of an excellent professional friend, in a neighboring county, whose name we are not permitted to give. His expressions and conclusions are parallel with thousands of others. He says:

"If you have any curiosity to know how a *retired* physician feels, I can inform you that he has a feeling of *relief*. But perhaps the idea of a retired physician is, one who has quit practice to live in *lesisure* upon the fortune he has made; and if so, I do not answer at all, for I am as thoroughly engaged in business as ever, and not merely for the sake of employment and to prevent the ennui which is liable to afflict gentlemen on retiring from the active pursuits of life to enjoy *otium cum dignitate*, but for the vulgar object which forms the chief motive of all effort, that of gathering up a little more of the "filthy lucre." * * * *

"I have been influenced in this step quite as much, perhaps, by the consideration that the practice of medicine, as it now goes, is exceedingly irksome, and fast growing in this quarter, to be *disgusting*, by the rapid thickening upon us of quack systems, which suit the public caprice far better than scientific medicine.

"I do not expect to find any employment so congenial to my taste and feelings as the practice of medicine in a proper state of public opinion and the prevalence of sound ethics among the members of

the profession—conditions, however, from which, it appears to me, we are rather *receding*, at any rate in this region. If I have rightly observed the tendency of things, they have been gradually growing worse in these respects for the last fifteen years, and the progress in *that* direction is still acquiring force.

“It may be that local or peculiar circumstances have given me the *jaundice*, and that I look on the general aspect of things through a false medium ; but whether it be so or not, I cannot help admitting to myself that I quit the profession with considerable regret, for I entered into it originally with a devotion, and pursued it for many years with a love, that I can never realize in connection with any other pursuit.

“All this, however, is of little importance to any body but myself. It is not among the least of my regrets, in giving up the profession, that I separate myself *professionally*, (I hope not *personally*,) from many gentlemen from whom I have received tokens of friendship, kindness and esteem, which it would be as impossible, as it would be ungrateful in me, to forget; and among which number permit me to assign to yourself a conspicuous place in my present and future recollections.

“*You*, my dear sir, are in a different position. You are in the full tide of successful business, in practice and in teaching, battling with energy for the honor of the profession as it ought to be in its own estimation and the public eye ; full of hope, courage and zeal, and rising rapidly to the zenith of your usefulness and ambition ; and, since I find myself unconsciously writing a sort of professional *valedictory*, to you, I will conclude with hoping that you will never see cause to follow *my* example, but on the contrary, that you may hold out to the very end, and realize, by the success of your efforts, your highest hopes and aspirations.

“I am, very sincerely, yours, &c.”

While we are pained at the success of professional impudence and encroachments of charlatanism, we would not, like our esteemed friend, give up in despair. While we are disgusted and frequently *injured* by the caprices of men, we still would not give up the ship. There is a substratum in society which cannot be carried away by the visions of refined fools. We might as well undertake to persuade the sun to depart from his course in the firmament, as to induce the majority of men to employ quacks to treat their dis-

eases. Besides, the stern voice of duty calls and impels us on in the arduous and frequently unrequited toils of our profession. Suffering humanity, after all, demands our feeble services; and, although we may be contemned by the deluded, we shall be approved by a good conscience and rewarded by the grateful acknowledgements of those whose esteem we prize.

The Philadelphia Medical and Surgical Journal.—This is a semi-monthly journal, published in Philadelphia, at one dollar a year, and edited by James A. Bryan, M. D., Professor of Surgery in the Philadelphia College of Medicine, &c. &c. Each number contains sixteen pages. Professor Bryan has already distinguished himself as a teacher of Surgery and a writer of no inconsiderable merit. His contributions have hitherto, we believe, been made to the New York Journal of Medicine, and to the readers of that Journal he is very favorably known. His Journal is conducted with spirit and ability, and we trust its patronage will be commensurate with its high claims to favor. Professor Bryan has our best wishes for his success in his new enterprise.

The Nashville Journal of Medicine and Surgery.—Professor Eve, one of the Editors of this Journal, and among the ablest and most popular Surgeons of the South, has spent the past season in Europe, and has graced the pages of his Journal with several most interesting letters respecting the men of our profession there; some of their sayings and exploits and the opportunities there to be enjoyed. As this is his fourth visit to the Old World, and as he has long been a distinguished member of the medical profession, he is eminently qualified to speak truthfully of all that is to be seen and enjoyed on the other side of the Atlantic. As he is now probably about returning to his own country, we cordially welcome him to our shores, and wish him many years of happiness and usefulness in that profession of which he is an ornament.

Transactions of the Medical Association of the State of Missouri. at its Second Annual Meeting, April 9th, 1852.

These transactions are characterized by ability. The Appendix contains a goodly number of Reports and Essays which do great credit to their authors and to the Medical Association of Missouri.

Transactions of the Third Annual Meeting of the Medical Society of Georgia, April, 1852.

Transactions of the Medical Association of Southern Central New York, at the Annual Meeting held at Oswego, June, 1852.

Transactions of the Illinois State Medical Society, for the year 1852.

Transactions of the Medical Society of the State of Pennsylvania for 1852.

The foregoing publications have been received within the last few months. As to literary merit and mechanical execution, all of them reflect the highest credit upon the societies for which they are published. Each and all of them contain a vast amount of valuable information, mostly in the form of Reports on the different departments of Medical Science. They indicate a prosperous condition of our State Medical Organizations, and show most clearly that our noble profession is not only determined to maintain its high standing, but to advance in usefulness and in every good work. We only regret that our own State Society has generally been so remiss in the publications of its Proceedings and Reports.

Prize Essay.—By the following letter, our readers will learn that, for the best Essay on some Medical or Surgical Subject presented at its next Meeting, the Ohio State Medical Society will award a very handsome prize. So far as we know the history of the Ohio Profession, this movement is unprecedented in our State. We have a very favorable opinion of this method of improving our Medical Literature, and we have no doubt there are a goodly number of professional gentlemen in our State, whose talents are buried for want of sufficient stimulus, who would do themselves credit and the world a benefit by answering this call under the extra stimulus proposed. The Society is certainly under deep obligations to the Cleveland profession for the generous part it has taken in the matter. We are fully of the opinion that if the funds usually expended in providing sumptuous entertainments and grand *jollifications*, were annually appropriated in some way for the advancement of Medical Science, the interests of all concerned would be more eminently subserved. We, for ourself and for the profession, most cordially thank our Cleveland brethren for their praiseworthy example, and we do most ardently hope it may ever be followed at all our annual meetings.—ED. JOURNAL.

PROFESSOR HOWARD :

Dear Sir :—At the late meeting of the Ohio State Medical Society, the following resolutions were unanimously adopted, to wit :

“That a prize of Fifty Dollars be offered for the production of the best Essay on such subject as shall be specified.”

Be it Resolved, That the President appoint a committee of five members to specify the subject, to receive the communications, and award the prize to such person as in their opinion possesses the greatest merit.

Resolved, That competitors for prizes deliver their communications on or before the 1st of Feb., 1853, and that the committee report at the next annual meeting of the Society.

I would merely add that the Physicians of Cleveland have contributed seventy-five dollars in addition to the above amount, which will make the prize one hundred and twenty-five dollars.

The committee have concluded to permit the competitors for said prize to select their own subject, (Medical or Surgical of course,) and request that the same be forwarded to the undersigned at Columbus by the time above specified. The following rules have been adopted: Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations will be deposited with the Chairman of the Committee, from whom they may be obtained with the sealed packet unopened, if called for within six months after they have been received.

The Committee will not consider themselves as approving the doctrines contained in any dissertation to which the premium may be awarded.

That in case of the publication of the successful dissertation, the author is considered as bound to publish the above in connection therewith.

W. W. RICKEY. Chairman
Committee Prize Essay.

MEDICAL SCHOOLS.—This is the period when Medical Students are flocking to the various Schools of our country for instruction. The *hard work* of the winter's course of lectures has already commenced in all or nearly all the Colleges, the Faculty of each vying with all their neighbors in efforts to please, to inspire with enthusiasm,

and to instruct its class. It is a generous and noble competition. It incites a glowing and healthful excitement, among the various corps of teachers, which is sure to be communicated to the members of the classes. In illustrating and digesting the dry technology and abstruse didactics of our profession, a little fermentation and excitement is desirable—it is necessary. While we intend, by all honorable means, to draw as large a class of Students as possible, and to advance the interests of the Institution with which we are connected, we nevertheless feel to bid sister Institutions God speed, and wish them every success.

Ohio can boast of perhaps more Medical Colleges, in proportion to the number of her Students within and beyond her boundaries, than any other State in the Union. Three of these schools have been established and in a flourishing condition for several years. We allude to the Ohio Medical College, the Cleveland School, and the one located at the Capital. These have enjoyed a flattering degree of prosperity, and it is supposed by many that these are sufficient to afford every facility to all students in their vicinity. It has been believed by some, however, that more schools might prosper, and consequently two have been added to the list, making five regular schools. Of the fourth, we have nothing to say, as we know very little of its faculty, and nothing of its facilities for instruction. Of the fifth and last one organized, little is yet known, as but a few weeks have elapsed since its faculty issued its first Annual Announcement. The Miami Medical College has just taken its place among the regular schools of our State and country. In our last number, we took occasion to allude to it and to all the schools in Cincinnati, regular and irregular, in a playful way, but unfortunately certain portions of our notice gave offence to some of our long-cherished friends, whom we would be the last, wittingly, to offend or afflict in the slightest degree. Indeed, had it not been that we supposed ourself on intimate terms with several members of the new faculty, we should not have dealt in railery at all—and we take this public manner to express our regret if we said aught which would in the least mar the fair name of this new candidate for public favor. In seriousness, if *jokes* are not relished, we take great pleasure in expressing our high opinion of the faculty of the Miami Medical College. We but join the entire profession, when we express our

highest admiration of Professor Mussey, as a man of learning, as a man of the purest moral character, and as a distinguished Surgeon. Professor Judkins was our former excellent colleague, with whom we parted with many regrets. Professor Mendenhall is not only our tried friend, but a *tried* ornament to our profession. Those who know him, acknowledge him to be every way worthy of the position he occupies, and a most indefatigable and devoted physician. Considering the time we have known Professor Comegys, we could say as much as for any other man in our acquaintance. He is a man of decided ability, and rapidly rising in the esteem of his professional brethren. Professor Murphy is a bold, energetic man, censorious perhaps to a fault, but will stand up for the right and for the honor of his profession fearlessly, regardless of personal considerations. His industry, and fluency as a speaker, admirably fit him for his department. Of the other members of this Faculty we cannot speak from personal acquaintance; but, from their reputation, we believe them to be eminently qualified for the important duties devolving upon them. This School, supplied as it is, with extensive pathological cabinets and able teachers, must succeed, and we extend to it our best wishes and the right hand of fellowship.

Dr. SAMUEL G. ARMOR, late Professor of the Theory and Practice of Medicine, in the College of Physicians and Surgeons, of the Ohio University, has taken up his residence in Cleveland. He expects, we learn, to resume his connection with the Cleveland University as Professor of the Natural Sciences.

GUM-ELASTIC CUPS.—We have been presented with a set of gum-elastic cups, manufactured by our esteemed friend, Dr. WHITNEY, of Ashland Ohio. There are four in each set, and are so graduated, as to size, as to be capable of being placed one within the other, like a set of weights or measures, occupying but a small space. Being hemispherical, they are readily exhausted of air by placing the edge upon the part to be cupped, and pressing upon the convex portion. But slight pressure is required, and they adhere with sufficient firmness to effect most thoroughly either wet or dry cupping. They are

portable, never break, and can always be used without lamp, alcohol, or pump. We look upon these cups of Dr. Whitney as a decided improvement, and while we would most cordially recommend them to our professional brethren, we hope the Doctor will realize a handsome reward from their manufacture and sale.

DISARTICULATION OF THE LOWER JAW.—Professor Carnochan, of New York, has succeeded in removing the entire lower jaw, for necrosis. This is a formidable operation,—we are impressed with the belief that the operator's claims to priority are well founded. The patient has entirely recovered, and is said to be in the enjoyment of excellent health.

BELMONT COUNTY MEDICAL SOCIETY.—The minutes and proceedings of this Society for 1852, reached us some months since, but having been mislaid, the pamphlet has escaped our notice until the present time. We are confident that few County Medical Societies in our country have sustained their organization longer, or done more for their own professional advancement, than that of Belmont, Ohio. The profession in that county is made up of men who seem to stand shoulder to shoulder, and while each strives to qualify *himself* for the arduous duties of his profession, he is willing to contribute every necessary exertion to diffuse sound knowledge among his brethren. As an evidence of this we find the transactions of this society enriched with Essays, Reports, Cases, and Addresses of a most interesting and creditable character. The transactions for the present year contain certain papers from Drs. Hoover, Wright, Hamilton, Estep, Gaston, Coleman, Hewetson, and West, on subjects of vital importance. We wish the Society continued and still increasing prosperity, and we hope our friends will repeat their contributions to the literature of Medicine and Surgery.

THE OHIO JOURNAL OF EDUCATION.—Number 11, of Vol. I of this Monthly Journal has just been received. It is published under the auspices of the Ohio State Teachers' Association, at one dollar a year, in advance; and edited by A. D. Lord, of Columbus, H. H.

Barney, of Cincinnati, J. C. Zachos, of Dayton, M. F. Cowdery, of Sandusky, J. W. Andrews, of Marietta, and Andrew Freese, of Cleveland. The business department is under the management of Lorin Andrews, of Columbus, Ohio.

We have not the pleasure of a personal acquaintance with the above corps of editors, with the exception of the first, who is our friend and esteemed fellow citizen, Dr. Lord. He, in an unassuming and noiseless manner, is, in our opinion, doing as *much*, and probably more, for education in Ohio, than any other man. The great work of educating the rising generation is the dearest object of his heart, and success therein the highest object of his ambition. He has been for several years a practical Teacher and Superintendent of our Public Schools, and is emphatically adapted to the important post he occupies. The Journal, of which he is the principal editor, is ably conducted—its Essays, on educational subjects, written by talented and practical men, are excellent, and always interesting; indeed, for its own intrinsic merits, we commend it to the favorable consideration of every man and woman in our State.

ANNALS OF SCIENCE.—This is the title of a Bi-Monthly periodical published at Cleveland, at one dollar a year, the first number of which we have just received. Its editor, Hamilton S. Smith, A. M. proposes to give a "Record of the Inventions and Improvements in applied Science." Such a periodical as this is needed. Think of it!—"the improvements in applied science," *everywhere*, are brought within a narrow compass, and placed before us once every two weeks. Mr. Smith is said to be a distinguished scholar, and eminently qualified to superintend such a work, and we are happy to say his first number sustains his reputation. May Mr. Smith succeed according to his wishes and high deserts.

TRANSYLVANIA MEDICAL JOURNAL.—This Journal, which has hitherto been under the charge of Professor E. L. Dudley, has passed into the hands of Dr. S. J. Frazee, formerly of Maysville, Ky. Its new editor, though personally unknown to us, has our best wishes for his success. He seems *at home* in his new field of labor. He will doubtless enjoy it, but he will find that even editorial labors and responsibilities are not *all* rewarded as they frequently deserve.

THE ORIGIN OF GALVANISM.

GALVANI's wife with sickness spent,
 For food expressed a wish;
 A hunting frogs the good man went,
 To make a savory dish.
 All honor to Galvani,
 For o'er the country ran he,
 Through muddy bogs, a hunting frogs,
 To nourish dame Galvani.

When with the nerves of limbs exposed,
 Metals in contact came,
 A world of science was disclosed.
 And universal fame.
 To virtuous Galvani,
 Ingenious Galvani,
 Be always kind, and bear in mind,
 The triumphs of Galvani.

Had not the faithful husband sought,
 To soothe a wife adored,
 The frogs for soup had not been caught,
 Nor science been explored,
 By great and good Galvani,
 Uxorious Galvani,
 All those who wife sho'd ever strive
 To imitate Galvani.

O ye who matrimonial sway,
 And tender smiles regard,
 Let kindness rule by night and day,
 And reap a rich reward.
 All honor to Galvani,
 Affectionate Galvani,
 Those who have strife in married life,
 Should think upon Galvani.

W. C. W.
 [Scalpel.]

HINTS ON THE TEETH.—We would refer our readers to an appropriate notice in Part IV, of a very neat little volume, with the foregoing title, written by our friend, Dr. Ide, of our city. It is certainly a very creditable contribution to dental literature, and is, as it is designed, admirably adapted to popular literature. It contains a vast amount of information, which all who have, or desire to have teeth, should possess. As a specimen, we quote the following, which is excellent in itself, and shows something of the author's ability to do justice to the subject :

“The foul, fetid breath, that makes the personal proximity of some individuals almost intolerable, is, in nine cases out of ten, wholly caused by the diseased, purulent secretions of the gums, from an accumulation of tartar infringing upon them, or from decaying particles of food that are permitted to lodge in and about the teeth. The noxious gases that are thus generated being mixed with the atmosphere, are inhaled into the lungs, and not only exert a deleterious influence upon their delicate mucus surfaces, but are absorbed into their cells, and carried into the circulation of the blood. A place where an atmosphere should prevail that contained a tithe of the pestiferous effluvia that is thus breathed by persons whose gums are in this condition, would be avoided as would the poisonous Upas ; and yet, through inadvertence, or want of information, many continue for years, thus to injure their health, and render themselves obnoxious to all around them. The stomach and lungs are the fountain from which the wastes of the whole system are supplied. What-

ever impairs or perverts their action, deranges the whole system and carries the elements of disease to every organ. Consumption, dyspepsia, general debility, tic doloieux, headache and the whole chain of ills to which the flesh is heir, may be directly or indirectly induced, or at least aggravated by dental imperfection, or irritation. The writer has had numerous cases where symptoms of one or more of these diseases have been cured or materially relieved, by an operation on the teeth."

Physicians, whose breath is *re-inhaled* more than that of any other class of community, above all others—need such a little monitor, and we advise them to purchase it. It will *pay*.

Is the Multiplication of Schools an Evil?

This is the season of the year in which, by almost unanimous consent, the various Medical Schools of this country commence their annual courses of instruction. As students are seen flocking by scores and by hundreds to these now numerous institutions of learning, the thought may naturally arise that the ranks of the profession must speedily be overflowed by the new recruits thus volunteering for a life campaign against the enemies of our mortal existence. This thought does actually arise in many minds, and finds expression, oftentimes in the language of regret or indignation, at the multiplication of Medical Colleges—as if these were manufactories of students *ab initio*—and therefore accountable, not only for the character and qualifications of their graduates, but also for the very existence of the supposed superabundance of the *raw material*!

We do not propose to argue the question whether the multiplication of schools tends to the increase of students—doubtless it does to some extent. When the means of instruction and education are brought to our very doors, our attention is unavoidably directed thereto, and we cannot, if we would, avoid asking ourselves the question—whether it will be to our advantage to avail ourselves of these opportunities?

But there are some other inquiries which may be made in reference to this subject, whose consideration may throw some light upon the real value of medical schools. Suppose there were but two or three medical colleges in the United States, and these were located in the two or three most populous cities, and consequently far re-

moved from the great masses of the people, and accessible only to such students as have abundant means to defray their expenses—the number of pupils in these schools would doubtless be far less than is the aggregate number in all our institutions at present. But suppose the number would be sufficient to supply every two thousand inhabitants with a physician, and to fill the vacancies in their ranks as fast as death should create them—would these men actually do all the medical and surgical practice of the country? Would there actually be no practitioners except the graduates of these metropolitan schools? Would the whole people come into a spontaneous agreement to employ these men and them only? *I trow not!* But if they would even do this, what guaranty have we that these two or three huge, purse-proud, avaricious, aristocratic schools, would always give us none but the first class of medical practitioners. Is it in accordance with the principles of human nature, and with actual experience, to suppose that teachers will become more assiduous and faithful by giving to them enormous salaries, and thus rendering them more independent of their vocation? Is not competition a necessary and salutary stimulus to faithful, persevering diligence in every calling and avocation?

Besides, if teachers would labor with all zeal and faithfulness, would the class of *pupils who could and would* resort to these metropolitan schools be such as to insure the public against licensed ignorance? Even as the thing is now, do those who spend the most money, and graduate at the most expensive and popular medical schools, compare favorably, in point of talent and qualifications, with the alumni of less pretending institutions? On the contrary, is it not admitted, almost universally, that the *poor students*, in all our institutions of learning, whether literary, scientific or professional, are proverbially the *best students*, and make the most useful and practical men? But these poor students, if they would become physicians, cannot command the means to enjoy the privileges of distant and expensive schools in great and expensive cities.

Doubtless there are, in some parts of the country, more medical colleges, both orthodox and heterodox, than are needful or profitable. Ambition to become a medical teacher, rather than a desire to benefit medical students, and, through them, the public at large, sometimes doubtless has an undue influence in securing the establishment

of medical schools. But yet, the very multiplication of these institutions, is not an unmitigated evil, as some seem to suppose. Competition and rivalry in respect to the excellence of the matter and manner of the instruction, is a blessing ; and the facility and cheapness whereby the means of instruction and information may be enjoyed by all who will practice medicine, is also a public blessing.


As to the schools of the "disorderly sort," even these cannot *certainly* injure, and may possibly *benefit* those who are given over to quackery.

INFIRMARY FOR THE TREATMENT OF CHRONIC DISEASES.—We know not that we need apologize for asking the especial attention of our friends and readers to a matter particularly interesting to ourselves, and interesting also to those who are afflicted with chronic curable diseases. We have, at a very heavy expense and much personal labor, finished, furnished, and put in complete order, that portion of Starling Medical College designed by the founder of this institution for hospital purposes. There are three large apartments, capable of accommodating fifteen patients each, besides some ten or twelve spacious rooms for the accommodation of gentlemen or ladies who wish to be retired and free from every possible annoyance. All these apartments are now tastefully, and many of them elegantly furnished, so as to meet the wants and satisfy the desires of those who have been accustomed, at home and elsewhere, to enjoy the luxuries of life. Extensive arrangements are making, by which the cold, warm, sitz, douche, and shower baths, will be applied to every useful purpose. Vapor baths, and medicated fumigations will always be in readiness for the treatment of diseases of the skin—a class of disease proverbially obstinate under ordinary treatment. In fact, every thing so far as household arrangements, ventilation, salubrity, convenience, and beautiful views are concerned, will be at the command of the proprietor, in the treatment of such as commit themselves to his care.

Mrs. Wright, who is known to many people in Ohio as a kind and intelligent lady, and who has for several years discharged important duties in one of our State institutions, in a most acceptable and creditable manner, has been appointed matron of this institution. She

is already on duty, and will take great pleasure in administering to the comfort and facilitating the cure of those who come hither for relief. Assistants are employed in every department of the house to carry out the directions of the professional attendant.

As our building and apartments are now ready for occupants, we place them with all our increased facilities for treating disease before the public, and ask for them a favorable consideration. But we desire to do this through our professional brethren, and therefore we address ourselves to the medical profession, and *mainly by its favorable opinion, and through its instrumentality*, we expect our institution to be patronized. As physical arrangements merely, however elegant and commodious, can never remedy the ills which flesh is heir to, we must of course, with due diffidence we trust, place our own professional skill in the scale and before the public, as the principal means by which good is to be effected, and cures performed—Of this we cannot speak. We place our claims to favor in the hands of those who are competent and have the right to estimate them according to their value. We have no desire to transcend our true merits. Should our professional brethren approve our enterprise, and commend our facilities and our professional services to the afflicted, we shall be duly sensible of this kind partiality, and make appropriate acknowledgment for the same.

 As the practice, of which the following article complains and describes, is so general, we feel inclined to give it to our readers, from the editor of the N. Y. Scalpel:—[Ed.]

HOTEL PRACTICE IN NEW YOYK—AN INFERNAL ABUSE.—“*He was a stranger and we took him in.*”—The abuses of our profession demand the eyes of Argus, and the arms of Briareus. If father Jupiter paid that old coon for guarding Io no better than our brethren pay us for watching over their characters, we don't wonder Apollo has given so large a number of them to the devil. It would seem that “respectable gentlemen in black” (we think our brethren have selected a most appropriate color for their dress), have given them special counsel in getting up the system of practice at present pursued in the “Hotel Practice” of our city. The cookery and ventilation in these “magnificent establishments,” together with the refined and fastidious palates of a large portion of the travelling pub-

lie, afford uncommon facilities for practice upon their bodies and their pockets. The physician who has given a philosophical glance at the valiant trenchermen engaged at their suppers on board a North River steamboat, and then, after fortifying his stomach with a glass of brandy and water, and his nose with a piece of camphor, descended into that "iferno," the lower cabin at midnight, has had a practical idea of the facilities for "Hotel Practice." On board the boat, the patient spends but one night; at the hotel usually several; he is generally ready for practice by the third night, when the operation commences. Nine out of ten of the cases of sickness at these places are cholera morbus, demanding no more than a purgative, with a little laudanum, or Tinct. Hyosciamus, fresh air, and a little light soup; but getting considerably more, as you shall see. The discoveries of modern "Hotel Practice" may be of service to our country readers; if editors will give the hint, they will probably get no drinks gratis when they come to the city.

A violent pull at the bell summons the porter, who is requested to bring a doctor immediately; he may be requested to bring a gentleman of character; 'tis all one, however, he has received his cue from the bar-keeper, and there is an "arrangement." He assures the gentleman, in the midst of his writhings and groans, that Dr. Snooks is one of the first medical men in the city, whose skill has often been tested in the house; the Esculapian is summoned, and is soon at the bedside. The sick man, being in an admirable condition to acknowledge sympathy, receives it in abundance, and at suitable intervals a few calomel pills, and occasional reminders of "doing something," at the lower portion of his intestinal tract. He is regaled at suitable intervals with a joke, a little laudnum, peppermint or camphor, with a few drops from a wonderful little bottle, which the doctor takes from his side pocket; he is learnedly informed that the *primæ viæ* must be cleared out. This is very satisfactory, and convinces him of the doctor's intelligence. The window is judiciously closed, for fear of his "taking cold." The doctor endures the poisoned atmosphere, which has mainly produced the attack, by the aid of an occasional escape and visit at the bar, or a drink from his pocket pistol, and a walk in the hall. Towards morning, if nature be merciful, and the pills retained, relief follows. If the patient were now let alone, and could get a little fresh air, some

clean and simple meat broth, and the attention of a mother, a wife, or a sister, he would be out next day ; but this is no part of our philanthropist's plan ; it wouldn't pay house-rent and horse-keep, and servant-hire. He is therefore well dosed for three days, to overcome the "tendency to inflammation of the bowels ;" mustard plasters are freely used, and he may thank heaven if he escapes leeching and blistering. When he evinces a disposition to bolt, and relates his former experience in a similar case, where he was not so fortunate to meet with any one but his poor country doctor, (who of course had only one old horse, and neither rent nor servants to pay,) —he is frightened with tales of the "epidemic condition of the air in the production of dysentery, and several severe cases now under treatment," &c., &c., with the story of Mr. So-and-so, who "was doing very well till he insisted on going home, where he speedily died," &c., &c. Another week's treatment with tonics, is the consequence of this rascality, and a bill of \$50 or \$75, per centage to the bar-keeper off.

Those who come to the city with chronic diseases, desiring to submit to the treatment of some gentleman previously selected, generally escape this miserable rascality ; by no means, however, without hints and inuendoes of the superior skill of their favorite physician, who may, however, never in his life have seen or treated such a case as the one at hand. There is not a practical man in this city, of any character, who is not perfectly aware of the truth of this expose, and we most earnestly hope this statement will be extensively copied. Our editorial friends can not better serve the cause of humanity. More of this anon.

PROFESSIONAL APHORISMS.—The talented editor of *L' Union Médicale*, lately gave a few extremely apposite and amusing professional aphorisms, in one of his clever *feuilletons*. We shall just extract a few :

1. Life is short, the making of a practice difficult, and professional brotherhood deceptive.
2. A man's practice may be compared to a field, on which *tact* acts as manure.
3. A medical practice may be likened to a flannel waistcoat—neither can be left one moment without risk.
4. The practitioner who is often absent runs the same

danger as a lover, for both may find themselves supplanted on their return. 5. Take great care of your first patients, ye beginners, for these are the seed from which your practice is to spring. 6. When a medical man wishes to get rid of a troublesome patient he need but send in his bill. 7. The practitioner who expects his reward from the gratitude of his patients, may be likened to the countryman who waited, in order to cross the river, until the waters had done flowing. 8. To ask an exorbitant fee always redounds to the disgrace of the profession. A wealthy patient who was asked an enormous sum by a surgeon, after an operation, answered, "You ought to have said at first, your money or your life." 9. When the blind credulity of the public in medical matters is considered, one does not wonder that there are so many quacks and impostors, but on the contrary, that there are still so many upright medical men. 10. Consultations are either very useful or very dangerous, just as the medical attendant knows how to manage. It is foolish to have recourse to them too often, and still more foolish to reject them altogether. Don't wait until the friends of the patient ask for a consultation; but don't talk of a consultation if you think the result will be favorable. 11. It is not an easy task to come out of a consultation without being a little lowered in the estimation of the patient and his friends,—the more so as there are physicians and surgeons who, with the utmost urbanity, throw out perfidiously, concealed hints, which the practitioner should immediately take up, and boldly insist upon a clear statement. 12. A consultation is often a note of hand drawn by the usual attendant upon the patient, for the benefit of the physician called in to give his opinion.

Embalment.

PLAINFIELD, October 11th, 1852.

Dr. BULKLEY—*Dear Sir*: Noticing in the October number of the Medical Times, your reference to Sucquet's method of embalment, I take the liberty of giving you the result of my experiments in the matter. While a student in the College of Physicians and Surgeons of your city, in 1839-40, I satisfied myself that creosote, when quite dilute, would effectually preserve the body from decomposition; parts injected with such solution remaining unaltered in the warmest part

of summer, and finally drying hard as horn. I had resolved therefore to try the same plan whenever a case should arise requiring the preservation of a body, an unusual time for burial, or removal to a distance. Such a case occurred nearly two years since. Mrs. R., a lady residing in this place, died of puerperal peritonitis, a disease in which you are aware, decomposition often makes extensive progress before death. Soon after her decease, I opened the thorax by a small incision, and injected with a common syringe, 2 oz. creosote, diluted with eight of alcohol, into the aorta. Decomposition was thus not only arrested, but seemed to retrograde, the tumefaction diminishing, and although the body remained unburied a week in warm weather, and was taken at that time to the southern part of this State, nearly one hundred and fifty miles, a large proportion of the distance by private conveyance, I was assured by the undertaker and friends who accompanied her remains, that not the slightest change was perceptible in her appearance, nor the least odor of decomposition when committed at last to the earth.

The great advantage of such, or a similar method of preservation of the body after death, must be obvious, since any physician with but little knowledge of anatomy can perform it.

Yours truly,

C. H. STILLMAN, M. D.

QUACK ADVERTISEMENT—GOOD.—DR. S. A. BURG, *from Sweden—Botanic Physician and Reformer and Simplifier of Medical Practice*,—Offers his Service to persons laboring under any kind of Chronic as well as acute diseases in any shape or form whatever.

Read the annexed Certificat from the Citizens of Warren and Van Buren Counties, State of Tennessee:

“Wi, the undersigned, do hereby testify that Dr. Burg has practised Medicine in this vicinity since july last, and that no death has occurred among his patients in our knowledge, also, that we never heard of any patients being reduced or made worse, and as far as wi know his patients are generally doing well.

This 7th of January, 1850.

Harmond York : Jesse Martin ; James Britt ; Erwin Gribble ;
W. B. Huddleston (Teacher in Burrett Colledge Spencer, Van
Buren County) ; D. F. Wood, Merchant ; J. M. Smallman.

No mercurial preparations used in any form or shape.

Botanic Medicine is only used, and will do no harm in any respect—no patient will be reduced—no particular diet required—the patient may continue his daily occupations. Only the medicine is taken according to directions and continued in—Good health will be the consequence.

Why Suffer Longer then Sufferer when you have an opportunity to get well and be restored to your family without to be punished by reducing you. During the last four years Dr. B. have attended about 1000 patients and lost only two by death, the following is the counties in the State of Tennessee where he has practised viz Marion, Bledsoe, White, Van Buren, Grundy, Crawford, Franklin and Cannon, and in Kentucky, Allen, Warren, Simpson, and Barren Counties.

In consequence of his great success, he was requested by many to give instructions last year 1851 and 10 students were discharged.

For the benefit of Humanity he thinks it his duty to offer his service to those who wish to learn his mode of practice.

Therefor he offers to receive students and promise to learn them the Clinical practise in a verry short time so they may be able to practice.

As Dr. B's mode of treatment is different from the regular practise and being most successful in his treatment of all diseases this may be regarded as a verry favorable opportunity for those who desire to learn haw to heal the sick.

All kind of diseases is attended to, but he will mention a few of them, Dyspepsia in all the different forms, Scrofula, Lever complaint, Hysterics and Hypochondric affections, Dropsy, Asthma, Piles, Fits, Rupture, Lamnes, Cancers and Ulcers in every shape or form, Cholera &c., Female, Diseases of every kind, Barrenes removed and married Ladies who have been without the blessing of having Children have been restored to health and obtained their wishes, as ill health is the cause of barrenes.

Dr. Burg wishes to avoid lawsuits and misunderstandings with his patients, and therefore annex his bill of Charge.

Medicine furnished by him per week in cash..... \$1,00

“ “ “ “ on credit.....

—note on time..... \$1,25

Medicine when taken three months at once cash.....	10,00
For a wisit of 2 mile or under each wisit.....	\$1,00
Every mile over and above said 2 mile each.....	\$0,25
Wisit during, or in the night, dubbel charge.	

It must be distinctly understood that he makes no contract for no cure no pay, all have to pay except those who are poor and unable. Remember that if a patient has been laboring under disease for a longtime that it takes sometime before the disease can be thoroughly eradicated from the system, and unless that is don a permanent cure cannot be expected, therefore

Dr. Bs advise is never to commence unless the intend to continue till they get well, wi lose both by it.

Dr. B. wishes to purchase sick negroslaves, no difference what kind of disease the are laboring under neither the time the have had it.

S. J. A. BURG, Botanic Physician,
Walden's Ridge, Marion Co. Tenn.
[*East Tenn. Rec. of Med & Surg.*

ARSENIC. Arsenic, the therapeutic use of which appears to have been from the earliest ages diffused generallyr throughout India and China, has been, since the sixteenth century, much employed by the physicians of Germany, England, France and Italy.

The therapeutic history of this heroic remedy is one of the most interesting on record. Thousands of facts had long attested the efficacy of arsenical preparations in the treatment of intermittent fevers, when experience proved that they might be also advantageously employed in diseases of the skin ; it was, moreover, known that arsenic had been extolled in India as a remedy in the most serious affections, and particularly in elephantiasis.

In 1817, Biett, repeating at the Hospital St. Louis the experiments he had just witnessed in the London Hospitals, introduced into France the employment of arsenic in the treatment of cutaneous affections, and from the first laid down rules for its use, which it has not since been found necessary to modify.

The preparations of arsenic, notwithstanding their incontestible value in the treatment of many diseases of the skin, are not applica-

ble to all. They are principally useful in the essentially chronic affections ; in the dry forms, such as psoriasis and lepra ; and in eruptions of another class, which, after having resisted rational treatment, and having become, as it were, established, show an obstinacy which seems dependent on local, idiopathic conditions of the skin, as in chronic lichen, and especially in certain forms of eczema.

They afford us the most effectual remedies in the treatment of the elephantiasis of the Greeks.

Good effects have also been obtained from the employment of arsenical preparations in the treatment of venereal diseases, and especially in the tuberculous and scaly forms of syphalitic eruptions.

I have already mentioned that the efficacy of certain decoctions (de Felz, d'Arnault, &c.,) in the composition of which more or less antimony is employed, is generally attributed to the presence of arsenic.

IODIDE OF ARSENIC—*Thomson's Pills*.—Iodide of arsenic, three-fourths of a grain ; extract of hemlock, one scruple ; make into ten pills—one to be taken every eighth hour. This very active formula has been principally employed in lepra.

Mr. Donovan has recommended the double iodide of arsenic and mercury, a compound of equal parts of iodide of arsenic and biniodide of mercury, in the treatment of lepra, psoriasis, lupus, and of syphilitic affections. *Solution of double iodide of arsenic and mercury modified by Soubeiron*.—Iodide of arsenic, iodide of mercury, of each, one part ; distilled water, ninety-eight parts. This solution contains an hundredth part of each iodide.

ARSENIOUS ACID.—*Liquid Arsenious Acid*.—A solution of three-quarters of a grain of arsenious acid in eight ounces of distilled water is employed under this name in the German hospitals. The dose is one table-spoonful, gradually increased to six, and is to be taken in the morning on an empty stomach (Foy.) *Dr. Gilbert's formula* : Arsenious acid, three-quarters of a grain ; distilled water, sixteen ounces ; dissolve by the aid of heat ; divide into five phials, the contents of each of which are to be taken in the morning of either one or two days, according to circumstances. This formula is generally preferred by M. Gilbert in the treatment of diseases of the skin, and especially of psoriasis. *Asiatic Pills*.—Arsenious acid, three quarters of a grain ; black pepper ten grains ; gum Arabic, one-sixth of a grain ; water, as much as sufficient to make twelve pills—one to be taken daily. This preparation is very active ; it is

the one I usually prefer, varying the dose from one to two, but more frequently diminishing it in the following manner :—Take the mass of Asiatic pills, eight grains ; extract of taraxicum, twenty-three grains ; mix and divide into twenty-three pills, of which one or two are to be given daily.

ARSENITE.—But one arsenite is employed in therapeutics, namely, the arsenite of potash, forming the basis of Fowler's solution, which is a very energetic medicine, and requires to be used with caution. Biett, who frequently prescribed it, recommends that the daily dose should at first be only two or three drops, and never exceed twelve, administered, in two equal portions.

ARSENIATES.—*Pearson's Arsenical Solution*.—Arsenate of soda, three-quarters of a grain ; distilled water, one fluid ounce ; dissolve and filter (Cordex.) Dose : a scruple, gradually increased to half a drachm. This preparation is milder and more manageable than Fowler's. I prefer it with women and children, in cutaneous diseases. *Biett's Arsenical Liquor*.—Arsenate of Ammonia, three grains ; distilled water four fluid ounces. The uses and dose of this are the same as those of the preceding preparation. *Pills of Arseniate of Soda*.—Arsenate of soda, three-quarters of a grain ; extract of taraxicum, half a drachm ; divide into thirty pills—one or two to be taken for a dose. *Use*, the same as of the preceding preparation. I often employ this formula with advantage. *Pills of Arseniate of Iron* (Biett).—Arsenate of iron, two and a half grains ; extract of hops, one drachm ; syrup orange flower, a sufficient quantity ; make into forty-eight pills. Biett employed these pills particularly in scaly affections and in lupus—the dose is one daily.—*Dublin Quarterly Journal*.

OPINIONS REGARDING STRICTURES OF URETHRA.

BY MR. GUTHRIE.

1. That a hard and elastic, or an intractible stricture is never permanently cured by dilatation, or by the application of caustic, although it may be materially relieved by the regular periodical use of a dilating instrument.

2. That the division of an old, hardened, or elastic stricture through the perinæum, is not usually followed by a permanent cure,

although it is always attended by immediate relief—the disease being apt to return, unless a solid sound or a catheter is occasionally passed to prevent it.

3. That the operation of dividing the perinæum and urethra in such cases is sometimes attended by severe hæmorrhages, by fever, and is occasionally followed by fistulous openings, giving rise to much inconvenience.

4. That such division does, in some instances, effect a permanent cure.

5. The division of the urethra through the external parts should never be attempted in any portion of it anterior to the bulb, such operation not being necessary; for the narrowest stricture of the pendulous or movable part may always be divided internally, with much less comparative danger than by the external incision, inasmuch as the instrument can be guided through the part by the finger and thumb of the left hand of the surgeon with a certainty almost unerring.

6. That the stricture, considered by all surgeons as the most important and difficult of cure, viz: at the termination of the bulbous portion of the urethra, may always be divided, when impassable, by a *straight* instrument, and, in general, more easily than by a *curved* one; the use of which is founded on the erroneous belief that the stricture is situated in the membranous part of the urethra, instead of being, as it is, anterior to it.

7. That the division of the stricture should, if possible, be effected by an instrument passed through it, and cutting from behind forwards, rather than from before backwards, although a combination of both methods will frequently be necessary to ensure success.

8. That the division of a stricture by these means, will not always ensure a permanent cure, if more than the mucous membrane is implicated, unless such parts be divided also.

9. That in cases of intractable stricture, the mucous membrane, the inner layer of involuntary muscle, and the elastic tissue external to it, should be divided, when the operation is done from within, but not the outer layer of muscular fibres, which should remain as a barrier between the stream of urine and the common integument of the external parts—an accuracy of division not always to be attained: whence, perhaps, the difficulty of effecting a permanent cure.

10. That when a permanent cure is effected in these cases, the

divided elastic wall of the urethra is not reunited by a structure exactly similar to itself, but by common areolar tissue, rendering the part more dilatable under the pressure of the stream of urine; the formation of which dilatation can be aided during the progress of the cure, by pressing on the divided part with the point of a solid instrument passed daily for the purpose of preventing, if possible, that contraction which always takes place during the process of cicatrization—a proceeding which cannot be advantageously adopted when the parts are divided through the perinæum, lest it should encourage the formation of a fistulous opening, to which there is always a tendency.

11. That in cases of intractable stricture, accompanied by one or more fistulous openings in the perinæum, in *young persons* or of middle age, the operation through the external parts, or along the urethra, may be resorted to at the pleasure of the surgeon, with an equal chance of success, provided the division of the obstruction or bank preventing the free passage of the urine be effectually divided, the *sine qua non* of the operation.

12. That the operation within the urethra should always be preferred in *elderly* persons, particularly if somewhat stout or fat, as less likely to create severe constitutional disturbance; and if this operation should fail from any cause, it by no means interferes with the due performance of the other through the perinæum, which in serious cases then becomes imperative, as the last resource capable of giving relief.—*Charleston Med. Jour.*

Apology.—We owe an apology for the late appearance of this number of our Journal. The pressure of professional business, the commencement of lectures, and more than all, the time and attention we were compelled to bestow upon our college and hospital building, absolutely prevented the completion of the present number in due time. Hereafter we hope to be more punctual.

OBITUARY.

DIED, at Cincinnati, on Tuesday evening, the 5th inst., DANIEL DRAKE, M. D., Professor of Theory and Practice of Medicine, in the Medical College of Ohio.

“Another great man has fallen.” A vacancy is left in the ranks of our profession by this calamitous event which can probably never be filled. He combined in himself qualities and traits of character seldom illustrated in the same man. He was a man of genius, of rare talents, of untiring industry, of splendid literary attainments, and of unblemished moral character. While we all deplore his death, we trust that thousands will emulate his great example, and cherish his memory to the latest generation.

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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—AN INTRODUCTORY LECTURE, *Read before the Class in Starling Medical College, November 2, 1852.* By ROBERT H. PADDOCK, M. D., Professor of Anatomy and Physiology.

YOUNG GENTLEMEN—You have assembled together in this place to devote yourselves to a high and honorable vocation. The object and end of the acquisitions you are here to make is to enable you to do deeds of benevolence and good will to men. Turning away from the honorable avocations of industrial life—precluding yourselves from the chances of commercial wealth, and of advancement in those two great fields of unhallowed ambition which tempt so many to their ruin—the noisy pomp and covert cruelty of war, and the debasing, heartless, soulless, intriguing of politics—you have come in here to learn to be real philanthropists and benefactors of our race. We teach not here the use of those weapons wherewith is displayed the violent impetuosity of human passion, the madness of human ambition,

or the rancor of mortal hate. True indeed it is that we wage an offensive war, and gird ourselves for a sore conflict; but our enemies are sickness and sorrow and death, our weapons are the means of salvation, our victory is bloodless, and our triumph rejoicing and gladness.

While the history of mankind at large is confessedly little else than a record of an endless series of cruel struggles for mastery and dominion, the votaries of our art have been seen, in all ages and among all nations, conspiring and consulting together to alleviate and abbreviate human suffering: and to heal those wounds inflicted by their contemporaries upon each other in the rage of their bloody conflicts and malicious struggles. In looking upon the dark picture of the world's doings, as daguerretyped by the light of letters, it is a relief to the eye, and a redeeming trait in human character, to be able to trace the light line of those who, through so many ages, and in uninterrupted succession, have been found willing thus to devote themselves, with all their powers, to a purpose so high and so eminently benevolent. Their names, it is true, are not, like those of warlike chieftains, blazoned on every vulgar object, and flaunted on every breeze; yet they live, and will continue to live, and to outlive, forever, those greatest among the bloody scourges that have cursed mankind. The memory of those who shine, and have shone as stars of the first magnitude in the galaxy of our profession, is embalmed in the gratitude of the sons and daughters of affliction, who have lived, and who shall live, till the end of time; it is bedewed with their tears of love and joy, and sanctified by their countless benedictions.

Allow me then to congratulate you upon the choice of a profession which you have made. Other paths might conduct you to some more unstable and giddy eminence, where, for one brief hour, you might, like the man who leaped the falls of Niagara, attract the vacant stare of those unable to distinguish between the elevation of the body and the elevation of the soul; but none will more certainly introduce you

to the companionship of those who have ever stood first and foremost in the cause of science, of civilization, and of humanity. With such patterns of excellence before you as are engraved upon the records of medical lore, I cannot but express the wish and the confident expectation that you will not suffer reproach to fall upon the reputation of the profession through any deficiency or dereliction of your own.

I also congratulate you, and through you those who may hereafter occupy your seats, that so much has been done by the wise and benevolent of this place to render the means of instruction so easily accessible to all. I have to regret only that the public sentiment of our time and country is yet so far behind the magnanimous policy befitting this period of the world's history, that our halls of medical instruction cannot be made quite free, and our lists for rival medical instructors quite open to the competition of all honorable and honest ambition. At present, all our literary and professional schools are, of necessity, to a very great extent, private enterprises; created and carried forward by the benefactions of their more wealthy friends, aided by the contributions of those who, from year to year, resort to them for instruction. But knowledge, like the air we breathe, is designed for all and adapted to all; and when the day shall come that the eyes of men shall be opened to discover their true interests, all our institutions of learning, whether literary, scientific, or professional, from the lowest to the highest, shall be thrown wide open, and the light of letters shall be thus dispersed and disseminated among the whole people.

Where private individual enterprise has much to do in establishing and maintaining literary or professional schools, they are in great danger of becoming narrow and partizan in their aims, and ungenerous and selfish in their policy. I regard it as a most auspicious feature in the organization of this institution, that its founder had no private pecuniary interest in its establishment and success, and has entailed none on his representatives or favorites. On the contrary, there is a clause in the deed of trust, which reflects peculiar honor upon its author, by enjoining it upon the almoners of his

bounty to regard primarily and principally in their appointment of teachers the *qualifications* of the candidate ; thus securing the school and the public, as far as it was in his power, from the untoward influences which are felt and lamented in nearly all similar institutions in our country. Public schools and colleges, like public fountains, should be so created and so conducted as to be great public blessings ; and not the mere tools and trumpets of professional demagogues. Shame on those diminutive souls, so inflated with vanity and self-conceit that they can see no other end to be accomplished by a great and benevolent institution but to afford them an opportunity to show their wondrous parts.

Shame on all nepotic dunces, toppling in professoral chairs, "A world too wide," and vainly striving to inflate their tiny sides to fill them. Supported in their places, like a cork on water, by the subjacent medium, their simple souls imagine that all around and beneath them was created expressly for their use ; while, to all the world besides, they are seen, like "Pygmies perched on Alps," to be pygmies still.

The advantages of this location as a seat for literary and professional schools are so obvious as to have attracted attention at an early period in its history ; and I trust that what we see already accomplished here in establishing schools, seminaries, and colleges, is the commencement of a movement that shall render this central spot a focus of light and knowledge that shall irradiate the vast circumference of the State.

The city itself is sufficiently large to afford all desirable comforts and conveniences compatible with economical living ; and yet so retired as to be exempt from the debasing influences peculiar to a great commercial metropolis.

And now, young gentlemen, I would fain conduct you to the summit of some commanding eminence which overlooks the whole field you are here to cultivate, that you might learn, at a single view, its entire topography. You would then observe that it lies in the midst of the boundless regions of natural history, and that, in the distance, its boun-

daries fade away imperceptibly into those of other departments in the illimitable view. You would see that the mountain ranges are not broken at its borders, nor the streams stopped in their courses; but that its valleys are enriched by the rivulets of adjacent territories, more or less remote, and that the crystal fountains upon its borders discharge themselves into the nearest neighboring states. You would also observe that its various subdivisions are so contrived that every one lies contiguous, not only to its fellows, but also to the foreign states without; so that although it is erected into a separate and distinct principality, it is far from being insulated by itself. In fact, its connections are so numerous and so complicated with the surrounding departments, that it would be a task alike unprofitable and undesirable to attempt to find the exact boundary line between them.

Natural history, you know, embraces within its ample range, an account of all material things. Aside from mental, moral, and mathematical topics, it embraces, in fact, all science. What then can be the study of medicine but an investigation of a few select branches of natural history, an acquaintance with which is deemed indispensable in the practice of the healing art? Human Anatomy and Physiology are but parts of the great department of *Zoology*, which includes not only an account of the organization and functions of the different parts of all animals, but also the history of their forms, habits, and classification. The *Materia Medica* is but a collection of agents or substances culled from Botany, Mineralogy, and Zoology; and a knowledge of their effects when applied to the human body in health and in disease, constitutes an acquaintance with this part of medical science. Chemistry is the last inquiry of the naturalist into the ultimate constitution of things and of the laws which govern it. Pathology, too, is a part of natural history, for it includes the entire history of disease, as one of the accidents of living beings; while Therapeutics, Midwifery, and Surgery, are the practical arts of the profession whose rules are based upon the principles of

the above mentioned sciences, or upon the results of experiment.

All the preparatory scientific branches of a medical education are therefore fairly comprehended in a non-professional course of liberal studies; or rather, in accordance with the notions of the ancients, medicine is a part of liberal learning, and is included in every comprehensive scheme of mental discipline. It is only because our courses of study, even in the most approved schools, are necessarily limited in their range and duration, that we are compelled to instruct, even the best educated of our medical pupils, not only in the practical arts of the profession, but also in its preliminary and preparatory departments. A moment's attention to the course of study marked out by our medical colleges will show you that by far the greater portion of your term is to be devoted to the preparatory branches. This is as it should be. You are to study medicine mostly as a science; you are to practise it as an art. The facts of science are exceedingly numerous, its classifications artificial and complicated, and its nomenclature almost insupportably burdensome; while the rules of art, whether based upon experience or upon scientific principles, are comparatively few and of easy comprehension and application.

There is another reason, too, why the scientific part of your course should be made paramount to the practical. The whole of subsequent life may very likely be devoted to the acquisition of skill and dexterity in the practical parts of the profession, while your duties may afford little time or opportunity for scientific investigation. The term of three brief years is certainly little enough wherein to lay the foundations to build upon in subsequent life. It would be well to spend the whole of this period upon either one of the two great fundamental branches of medical science, Anatomy and Pathology, were it not that life is so short, and learning so long, that we are obliged to content ourselves with a knowledge of the bare elements of science if we would devote ourselves to the practical duties of a profession.

What shall we say then to those whose anxiety to engage in the conflict with disease is so great that they are unwilling to wait in patience even till the expiration of the prescribed limit of their pupilage? They would fain be visiting hospitals and making out prescriptions before they have qualified themselves to profit by clinical opportunities, however valuable or extensive. Such misguided zeal to attain the ends of knowledge without having used the means for its acquisition, can result in nothing less than defeat and disgrace. As well might one attempt to gain information by visiting a vast library whose books were all written in a strange character and language, and in accordance with unknown grammatical rules. Stores of instruction they might contain, but he would be utterly unable to unlock and appropriate their hidden treasures.

Let me caution you, therefore, to restrain every impatient inclination that may arise which would prematurely plunge you into the midst of the practice of a profession that you have never thoroughly studied. Master all its elementary branches, as you encounter them in their several places; dry and uninteresting though some of them may appear. Attempt not to overleap or neglect any of them, lest, when the opportunity and the appropriate season shall have passed away, finding yourselves conspicuous objects of ridicule or reproach, you begin to utter the now futile lamentation, "Oh that I had remained a little longer in Jericho till my beard had grown."

I remark, in the next place, that you are not to expect to *perfect* yourselves here in all the elementary branches of your profession. Each of the several sciences which claims your attention is absolutely without limit. The works of the Great Creator, are, like Himself, past finding out unto perfection.

But because we may not reach the utmost limit of a boundless field, can we not therefore pass over certain well defined stages therein? Hope not then to gain an acquaintance with all science, or all learning; but strive rather to comprehend clearly, and to retain tenaciously, those dis-

tinct and elementary portions of the several topics to which your attention may be directed. Make them familiar, as the letters of the alphabet, that you may apprehend them at a glance, not only when viewed separately, as individuals, but also in their most complex combinations ; and you may rest assured that such an acquaintance with them will be a sure guide through all the devious paths of your intellectual pilgrimage. It will restrain irrational erratic speculation, and will enable you to make real and substantial progress in unfolding the mysteries of nature by keeping you ever on the right track while pursuing your investigations. Perfection in the aggregate is attained only by the perfection of every component part. The magnifier reveals no defects in a perfect masterpiece ; and the analysis of a model and masterly mind discloses no unpolished stones in the intellectual fabric. It is not to be expected that any one mind should make all the acquisitions within the power of mortals. So far is this from being the case that a universal smattering of all kinds of learning is compatible only with universal ignorance. We should learn *much*, not *many things* — *multum, non multa*. Every acquisition should be distinct and individual in its kind, and should be prosecuted unto perfection. The subject under consideration should be viewed in every possible attitude, and from every possible point of observation, till all its features, and all its relations, become so familiar as never afterwards to be mistaken or misinterpreted. Those, and those only, who proceed upon this plan can become really distinguished and useful. They will not, it is true, possess all learning and all knowledge ; but what they do acquire they will be able to turn to good account ; because it is real, substantial and familiar, always available, and always profitable for instruction and direction.

It is also of great importance to distinguish carefully and clearly between the domains of ignorance and knowledge, of certainty and uncertainty. This may, at the first thought, seem an easy task ; since knowledge is light, and ignorance is darkness, any man, with his eyes open, can distinguish the day from the night. But there is an intermediate twilight,

and this twilight varies exceedingly in length, in different localities, and at different seasons ; and who can tell the precise moment at which, in all places and under all variations, the day ends and the night begins ? So in the regions of science there is a space occupied by the conjectural and the probable, and this latter passes by almost insensible gradations into the rank of established truth. The naturalist divides all material things into the two great families of organic and inorganic nature : yet is there a class of objects still occupying a disputed territory between the acknowledged dominions of these two comprehensive groups.

It is a favorite dogma of some that there is no such thing as certain knowledge, unless it be in the science of mathematics ; least of all is there any such thing as a moral or medical certainty. Let such as believe this have the full benefit of their convictions, both intellectually and morally, and let them, if they will, like Berkeley, live and die in doubt of their own existence. For my own part, I freely confess that I cherish an unwavering faith in the absolute certainty of the knowledge we have of all the great facts and principles in physical, mental, and moral science. A full conviction of the truthful and substantial nature of the acquisitions we have already made is the only basis for all future efforts, and the only stimulus that calls them forth. Indeed, it seems impossible for us to be mistaken in this matter ; for all the numberless acts and plans of daily life are based upon the idea of the reality of our notions, and the truthfulness of our principles. It is only when we assume as true what is not well established and generally admitted ; when theory or hypothesis takes the place of sound reason or demonstration, that we are liable to disappointment in the result. And this brings us back to the remark just made, that we should learn to distinguish carefully and clearly between the known and the unknown, the certain and the probable. This is no easy task. Indeed, the adjustment of a boundary line is always a work requiring an intimate acquaintance with the subject ; a knowledge of all the natural and artificial landmarks of the disputed territory, together with all the light

that can be thrown upon the subject by recorded history, the testimony of living witnesses, a patient investigation and an impartial and discriminating judgment. This remark holds true quite as obviously in the intellectual as in the natural world; and surely it is quite as important a matter in the latter as in the former. And it is because the distinction is not obvious and easy, but demands careful observation, accurate knowledge, and much reflection, that the effort to determine it is the more useful and important. We must of necessity have become familiar with every part of a subject, and must have viewed it in every light and in all its relations, when we have clearly settled, in our own minds, just what and how much is known concerning it, and just when we pass the limits of certainty and enter those of conjecture. Here it happens that our labor to settle the limits of our knowledge leads us unavoidably to an intimate acquaintance with what is well known upon the subject that may engage our attention; at the same time that it enables us to detect the falsehood or fallacy of those speculations which are based upon unknown or hypothetical qualities and relations. Nor is our labor in vain, because when the line is settled in reference to any subject it is thereafter constantly liable to variation. Knowledge is always aggressive, and the boundaries of its dominions, like those of some powerful monarch, are constantly enlarging at the expense of the weaker border territories of ignorance. When, therefore, we seem to have arranged all that is known upon a given subject upon the right, and to have left all that is unknown upon the left of our mental Rio Grande; we discover, after a little season, some islands, before unobserved in the midst of the stream; the main channel has been shifting; and soon an entire resurvey of our boundary becomes indispensable.

It is only by thus continually following up the march of mind, if indeed we may not lead a battallion, that we can keep the map of human knowledge and progress adjusted to the revolutions of the times, and understand always the limits and the capabilities of the particular province in which we may be stationed.

Let no one be alarmed lest the intimate acquaintance with subjects upon which I insist should circumscribe the range of his intellectual vision within too narrow limits. What though there be a popular demand for breadth of beam rather than for depth of hold? Are not all such top-heavy craft upset by the first gale? We *cannot all know all things*, though each individual may become excellent in something; and all should have the independence to remain ignorant of very much that superficial minds suppose that everybody ought to know.

If the channel of thought is deep it cannot be also exceedingly broad; otherwise one mind might do all the thinking for the race. Such is not the economy of Divine Providence either in the material or the intellectual world. All the rivers upon the earth do not flow together and constitute one enormously and uselessly huge stream; but each of the ten thousand currents which adorn and irrigate the surface of the globe, though of moderate breadth, if only its *depth* be sufficient, is adequate for the commerce of its banks.

Neither is all intellectual power given to one man, wherewith to monopolize all mental labor; but each individual has a work of his own to do; and if he would be distinguished, let him undertake no more than he can do thoroughly and perfectly.

It has been remarked that medicine should be studied as a science, though necessarily practiced as an art. The distinction between these two terms is not always preserved, even by those to whom we look as authority for the use of language. Science, in a comprehensive and indiscriminate sense, is often used to signify general knowledge, like the original Latin term *scientia*: but in a more limited and distinctive acceptation it implies a collection of principles and facts in relation to any subject of our knowledge, methodically classified and arranged. In this sense it includes all we know or can learn by purely intellectual operations; all principles and logical deductions from them, all comparisons and relations established by reason; all that can be traced to abstract principles or speculative philosophy as its

source. *Art*, on the other hand, includes that portion of human knowledge which is acquired by practice, and which may with propriety be called skill or dexterity. It is not so much an intellectual acquisition as a mechanical accomplishment ; for it cannot be attained by study or by logic, but is the result of actual and oft-repeated operations. Science and art thus defined, although perfectly distinct in nature and office, are nevertheless intimately connected in actual life, since the former often gives the rule by which the latter executes its task. Hence we often speak of a *scientific artist* as one who is able to make the rule, and then reduce it to practice and show the result of his skill, or artistic accomplishments.

Now this is precisely what I would recommend to the medical student as the end to be attained by his course of preparation, to become a *scientific artist*. In order to compass this desirable end, need I say that the scientific must necessarily precede and underlie the artistic?—That the *head* must first be replenished in order that it may be able to guide the *hand*? I have already alluded to this point in speaking of the undue anxiety manifested by some pupils to engage in practice, or, at least, to witness practice, before the time arrives for them to profit thereby ; in other words, to become skilful in the *art* before they have learned the *science* of medicine.

There is a way of learning to be a doctor, and one which has been tried often enough to test its value, which is in perfect consistency with this rule of procedure. Would any of you give it a trial? Then purchase an old-fashioned pair of huge leathern saddle-bags, mount a horse, and having your wallet well crammed with drugs and herbs, go and ride for a series of years with a practitioner.

In process of time, if your master is a shrewd observer, and a man of practical tact and experience, and if you are clever and tractable, you will acquire no inconsiderable skill in the management of most diseases prevalent in the neighborhood. You will learn your trade, as you would any mechanical art, in so far as it is understood, and in the way it is practised by your preceptor ; and you will be able to give as good a reason for your practice in any case as most persons can give

for their opinions :—Your teacher said so. Furthermore, you will have the happiness never to be troubled with a doubt that your practice is the very best possible ; and if your patients die sometimes under it, as they always will under any treatment, you have the surest evidence thereby that their time had come. Your patrons, too, will most likely be quite satisfied with your course ; knowing that you learned all that your preceptor had gained by a long experience, and well assured that what was not included within the range of his far-reaching vision is not worth knowing. Thus you may lead a quiet and happy life in your own little circle, be called the doctor, and really believe yourself to be a doctor in fact. You may smooth the rugged way into life and out of it for several generations, perform every office of kindness for their physical comfort ; lance their gums and saw off the strings which tie their tongues, with the back of your bistoury, while they are children ; and make salves, pastes, and poultices for them in adult life. You may strive, in all honesty and sincerity, to benefit your patients, and you may die respected and useful—as a *neighborhood nurse*, which any *old woman* might have done as well.

But would you become physicians in the true and catholic sense ? The process is quite a different one. It consists not in storing a wallet with drugs, at the outset of the course, but in replenishing the brain with ideas ; not in riding a horse, but in studying a book ; not in seeing a dunce drug a sick man, but in looking into the composition of bones and muscles, of nerves and blood-vessels. In other words, the first thing to be done is to gain some acquaintance with the physical structure of the human body, upon which all your subsequent operations are to terminate. You should learn not only its physical structure, anatomically and chemically, but also the natural and healthy action of all its parts and organs, and the action of other substances when applied to it both in health and in disease.

To this end the sciences of Anatomy, Physiology, Chemistry, Botany, and the various actions, in health and disease, of the various agents which may be brought to bear upon the

human body, constituting the *Materia Medica*; as well as general and special Pathology; must, each and all, be investigated thoroughly as the preparatory or scientific part of the course. And this should be done in a liberal spirit, because they are branches of liberal learning, and because all useful knowledge is ennobling and exalting; and not simply because there is a connection, more or less intimate, between certain portions of these sciences and the practical arts whereby one may earn his bread. I would not that the ever-recurring query of a narrow mind, "To what *use* shall this portion of science be applied?" should ever be heard in reference to any acquisition men can make which throws light upon the mysteries of nature. Let no one be so extremely solicitous lest he should gather a superabundance of intellectual fruits and therewith over-distend his storehouse of knowledge; but rather let him fear lest in some time of famine and of direst need he should percuss his granary in the upper loft and find it quite too *resonant*.

An acquaintance, too, more or less extensive, with the two mother languages of antiquity, commonly, though erroneously, called the dead languages, for they still speak through their living representatives all over two continents, is an acquisition which cannot be too much coveted by him who seeks to become an enlightened physician.

It gives an insight, as nothing else can, into the true force and significance of a multitude of words we meet on every page of the literature of our own language, especially if of a professional sort; in addition to the very great advantage it affords in unfolding the definitions of the already burdensome and ever growing technology of our profession. Besides its manifold uses in professional and general reading and conversation, it is an intellectual accomplishment calculated to give dignity and currency to its possessor everywhere whether in the profession or out of it.

When by several years of patient and assiduous study the mind of the learner has become thoroughly imbued with the principles of science, especially those of the branches above enumerated, he should pass to the consideration of the more

practical and artistic rules and maxims of the course. He finds here treasured up for his instruction a vast amount of useful information, derived from actual experiment and real practice, which he could never have drawn from scientific principles. It consists in a faithful record of the observations, hints, and statements of experienced practical men, which should be superadded to all that he has been able to learn from science, properly so called. This is the empirical part of medicine, though seldom understood by those commonly called empirics, for they are usually ignorant of all sorts of knowledge. It is a highly useful and even indispensable adjunct to a scientific course of training ; but should never be allowed to take its place. Though not dependent on science, it is always in subjection and subserviency thereto. It never dares to question or to contradict her principles or rules ; but only furnishes some rules of its own, found to hold good in actual practice, when the light of science does not or cannot guide us.

I know it is maintained by some that *all* medical science is empirical ; and therefore that all doctors are practising empiricism. We may admit the truth of this statement by giving such a definition to the term as will justify its application not only to medicine, but also to nearly all sciences. We may say without violence to the original significance of the word, that Natural Philosophy, Geography, Botany and Geology, as well as Anatomy, Physiology, Pathology and Chemistry, are all *empirical*, since they are all based and built upon actual trial and experiment, and not on abstract intellectual speculations. In this sense, all natural science, and of course all medical science, is empirical ; that is, experimental, or such as must be made out and maintained by actual trial.

But this is not the sense in which the word is understood by the people at large. An empiric, in the popular acceptance, is a quack. He is not a man who practices in accordance with the principles of experimental science, but who practices without *any* science at all. Medical empiricism therefore consists, practically, in prescribing for disease with-

out a knowledge of its seat, nature, and tendency, and of the powers of the remedial agents employed to arrest it.

What is intended, then, by saying that there is a portion of medical study and practice which may be denominated empirical, is merely this ; that in some branches of professional study, especially in surgery and midwifery, there are many practical matters which can be really learned only by executing them. This is just what might be reasonably anticipated. Manual skill and dexterity require manual discipline and exercise, and can no more be attained without it than can intellectual growth without intellectual exercise. Neither can the cultivation of the mind educate the hand, nor *vice versa*.

One cannot learn to play well upon a musical instrument without actually fingering the keys, however well he may understand the science of music and however nicely discriminating may be his judgment.

Besides the merely manual operations in professional practice which require a manual education, it is not to be denied that we include in the empirical part of the course something more. There are some diseases whose nature and seat are so imperfectly understood that we are still under the necessity to contend with them in a manner somewhat different from that indicated by the scientific tactics of the art. Not that we have here no rules for our guidance, and are left to mere haphazard experimentation. Our course is often as clearly marked out, and our success quite as sure here as in any portion of our practice : but the *reason* for the rule we follow is not obvious. The rule has been discovered by practice, not deduced from the nature of the case ; it is therefore empirical and not scientific. But even here, while treading upon the dark and unexplored boundaries of an unknown land, inhabited only by wandering tribes of quacks, the true physician will always find some Polar Star in his intellectual firmament to guide his steps ; so that they will not, like the trace of the Israelites in the desert, continually return upon themselves in endless cycles and epicycles. And when perchance left for a moment completely in the dark, even the guess of

the intelligent and shrewd is more reliable than the deliberate judgment of a fool.

The study of medicine, when pursued in the manner and spirit indicated above becomes, as it was among the ancients, and as it should ever continue to be, only a part of a liberal and comprehensive scheme of general education. It is intended and adapted to prepare a man for the investigation of truth and of nature, in all their forms and ramifications; and to enable him to make a useful application of all his acquirements, for the advantage and advancement of the race.

But it must be confessed that medicine, like christianity, though *professed* by multitudes in both hemispheres, is really understood and practically illustrated by very few in either. Its professors too, like those of the christian religion, have committed and are still committing abominations nameless and numberless, all of which are baptized into its own immaculate name. Who shall undertake to enumerate even, all the protean phases of learned and unlearned charlatanry?

Let a man count the stars and number the grains of sand on the sea-shore before he attempts to exhibit all the disguises and machinations invented to take advantage of human ignorance, prejudice and superstition.

But shall the true physician condescend to mingle with the despicable rabble which seeks by such means to enhance its accursed gain and fame?

The doctor, as his title implies, should ever be the teacher and therefore the pattern for his fellow men. Of course he should endeavor to be competent to teach, not medicine merely, but all useful learning and accomplishments. He should be a gentleman and a scholar, as well as a physician, if he would win the approbation and respect of the refined and intelligent; for these will hardly consent, even to be relieved of their pains, by the hands of an unlettered boor. Occasionally, it is true, we see a kind of professional monster, with a commanding genius, almost entirely destitute of all science and moral cultivation; but we only endure such a man, as we do a severe surgical operation, for the sake of the benefit that may result therefrom.

Finally, young gentlemen, would you establish an enviable reputation among your fellow men for skill, intelligence, and real worth? I can give you no better direction than this:

Be really skilful, intelligent and worthy, and you will, sooner or later, be known and acknowledged as such. To seem to be what you are not, is a lesson hard to learn and difficult to practice; while it requires no effort or education to appear yourselves. The sun in the heavens warms and illumines not because it strives to do so, but because it is full of light.

Look upwards for your example.

ART. II.—*The Essentials of Inflammation.* By F. CARTER, M. D.,
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Ohio.

In undertaking to give our views of the nature and mutual relations of phenomena so complicated, and in which we are so liable either to confound the relations of cause and effect, or on the other hand, to attribute such dependency to the occurrence of actions which are merely coincident, we feel to the fullest extent the difficulty of saying so much as is necessary, and yet of confining ourselves within the limits prescribed to such an article; this is enhanced by the fact that there has been much written by very able men upon the same subject, each one of whom has advanced views differing in some respects from those of the others; it will be impossible to note and controvert those opinions except in a few instances, when it may become necessary, as incidental to the expression of our own.

We find ourselves under the necessity of continuing with remarks referring to subjects, the appreciation of which would seem to be indispensable as a preliminary.

First, as to the nature and properties of the materials implicated in the production of the phenomena of Inflammation.

These may be conveniently divided into three classes. 1st. Those which are without the vascular walls. 2nd. Those found within the vessels; and thirdly, the vessels themselves.

The first class, as indeed the others also, consists of materials in

two widely differing conditions, viz. the living and the dead. The first capable of exerting a vital force, the second, inert; though capable of being acted upon by vital, as well as merely chemical forces.

These last again are presented under two aspects; in one case as acted upon by vital forces, which control their condition; in the other, subject merely to ordinary chemical changes.

With reference to our present purpose, we however form but two groups of the whole, viz: 1st, material which has lived, but is now dead, together with that which has been caused to assume a certain condition by forces emanating from the then living parts; and 2nd., material still alive, with structures, the organic condition of which is *yet maintained* by forces emanating from the truly living matter. In the first category we place cells whose nuclei or germs are dead, and cell products of all kinds which have ceased to be acted upon by a living germ in some form. In the second, cell germs or nuclei which are yet living, that is, maintaining their own existence and molecular state in contravention of ordinary chemical affinities with such cell structures or cell products as are influenced to adopt and compelled to maintain a certain condition by forces emanating from those living germs or nuclei.

It is sufficiently evident that a wide difference must exist in every point of view, between these as component parts of the animal structure; the one, under the dominion of vital forces is continually demanding nutriment, or material for its increase or renewal, assimilating and appropriating such material for its own purposes, while it is maintaining that "assimilation" and "organization" against the power of ordinary and antagonist chemical affinities; the other has passed from under that control by the death of the germ or nucleus in which the force resided, and now waits but the action of a solvent to digest, on the one hand, or of an equivalent of oxygen to combine with some of its elements and thus disintegrate it, on the others.

It is certain that in the economy of nature every thing living must have a term to its life, and equally so, that those parts of an organized body which perform functions (vital offices) do so in virtue of the *active vitality or life* of the minute organisms which essentially

compose them;* having contributed its share to the performance of the function, that is, lived its individual life, the removal of each of those organisms becomes necessary to the life of its successor. This may be effected in one of several ways, as on a free surface, by the bodily removal of the perfected organism, an epidermic or epithelial cell, for instance; by digestion in situ, and removal as dissolved, or by lymphatic absorption, as is probably the case with much of the fibrinous material; or, lastly, by chemical change implying more or less of disintegration and recombination, whereby the new product having an affinity, chemical or endosmotic, for some of the constituents of the blood, is absorbed into and carried away by its current.

In one or other way, the dead material must be removed, or normal life of the part cannot continue; we say the *normal* life, for it would seem that one form of life may and often does really succeed to another, pathologically or physiologically, as the case may be, but in either, the second deriving its nutrition from the debris of its predecessor.

*Offices are fulfilled in the economy of nature by the agency of structures or organs which only subserve their purposes when nutritive change in the essential parts, its actual life, is ended, and a very partial vitality or life, so far as regards the whole structure, is maintained for the mere purpose of repair or extension. Of this class of organisms are the bones, tendons, hairs, areolar tissue, &c., &c., which do not subserve their ultimate object until they cease to change, and then perform it well in proportion as they or their constituents are inert.

A function we conceive to be always performed, during and by means of, the actual vital activity of the organ destined to that object. We look upon the performance of a function as a vital act, in contradistinction to the fulfilment of a physical office. With the performance of the function to the extent of the capacity of any one or more of the essential components of the organ, must terminate the life of such component part or parts, for that life is comprised in the preparation for, and ultimate performance of the function—they have no other way to live,—to act—and if they cannot act, they are dead, and should make way for their successors.

We look upon death, natural death, in a part, then, as being consequent upon perfected life, exhausted vital activity, or, otherwise, the full performance of a vital function, and totally disagree from the opinion, even as regards the nervous and muscular structures, that, their every operation “requires as its necessary condition, a disintegration of a certain part of the tissues, probably by their elements being caused to unite with oxygen;” (Carpenter,) and again, “the manifestations of the muscular and nervous powers of animals, appears to be dependent upon the union of oxygen with the elements of their tissues,” (Carpenter.) Or in other words, that the function is, (in those cases at least,) performed by the organ, or part of it, subsequently to its death, and by reason of its disintegration, the function would thus be, not a vital, but a chemical result—its performance the consequence of death, rather than as we suppose, an act of life, the completion of which completes life, ends all vital capacity, even that of conservation, and leaves the material in a fit state for disintegration, which shall be determined by the presence of oxygen.

It will be at once conceded that the chemical and mechanical changes indicated may be facilitated or obstructed, by the perfection in which the conditions essential to them, as of heat, &c., &c., may happen to be supplied ; it is no less true that vital activity may be depressed below, or stimulated above the normal standard, with regard both to time of maturity and perfection of the product in its essential properties. Various changes resulting in the undue development of some of those properties, may also be induced by the inordinate action of apparently very diversified agents, or by the introduction of new conditions : there is, however, a material difference in the extent and duration of effect produced by the action of such modifying conditions upon inert, as contrasted with the living material ; the action upon the former determines with its actual operation and is commensurate (within limits) with its intensity, while the effect upon the latter is often extended to their successors, or descends to their offspring, (according to the mode of reproduction,) modifying the vital properties long after it has itself passed away, and acting in proportion rather to the vital power of resistance or of response existing at the time of its operation, than to the degree of its own intensity ; in other words, there is always in reproduction a tendency to the propagation of individual peculiarities, no matter how induced, which shall be manifested until encountered by the induction of another and incompatible one, or until it is, as it were worn out—bred out—by the inherent disposition to return to the normal condition of vitality. There would seem to be two laws of reproduction, a greater and less, one by which like produces like after its race or kind, this is in response to inherent created properties, and approximates each individual to the standard of the race, the other ordains in the offspring a reproduction of the individual peculiarities of the parents, and in so far, a departure from the standard of the race, but in as much as this derives its force from the action of mutable and often evanescent causes, it can but contribute with unnumbered other agencies of the same class to the production of *individualities* as endless as the generations of the species ; we have then, a fixed, created standard for each species, of which each individual is a modification ; the creating force is constantly operating in every act of pro-creation—it may be overmastered, indeed, so as to bar its effect and stop organization—but cannot be specifically changed. The limits of the species represent an orbit, within which the individuals must ever revolve, and as perturbing forces are re-

laxed, the changless law of attraction to the centre—to the standard of the race is manifested.

If these be truths as respecting the compound organisms which we are accustomed to regard as individuals of any of the various species of animals or vegetables, they are no less so when applied to each of the several organs constituting in their aggregate such an individual, or yet farther, to the minute, and to some extent independent organisms, the aggregation and proper disposition of which, in fact constitutes an organ of the composite individual.

These considerations, however tedious, will be found, we think, indispensable to a full understanding of the physiological and pathological conditions obtaining in an inflamed part.

Of the second class of Materials, those within the vessels, we shall only speak of two, the red, and the white, blood corpuscles; both of these we regard as true vital organisms. The office of the former seems to be principally, if not altogether, connected with the preparation and conservation of their peculiar secretion, Hematine. This substance is of value in the economy from the peculiar (chemical?) affinities which it manifests; having a certain capacity for Oxygen it transports that material within reach of the effete matters existing in the penetralia of the system, the Carbon of which, released from the controlling influence of the living cell germ, has now a still greater affinity for Oxygen than the Hematine has.

The Hematine is also capable of absorbing carbonic acid in large quantities, but only in the absence of Oxygen, and having parted with this for its destined union with the carbon, it receives the gaseous compound resulting, transports it to the respiratory surface, where coming again in relation with Oxygen, the force of the superior affinity prevails, carbonic acid is set free, and diffused in the atmosphere, while Oxygen is absorbed to be transported to fresh effete material, which through this agency becomes chemically disintegrated and made capable of removal, partly as we have indicated, the rest entering into various compounds, water, or substances soluble in water, as the nitrogenized constituents of urine, &c., &c.

That the true seat of all or nearly all the chemical transformations occurring in the system, whether for elimination or calorification is in the solid tissues and not in the current of the blood, we have much reason to believe. So far as the effete matter is concerned, we think there can scarcely be a doubt of it; hence it is absolutely necessary to the performance of any function; in other

words, to the continued life of the part, that a due supply of Oxygen should be furnished to replace that which the vegetable vital force had separated from the carbon for the formation of the first organic compound ; no otherwise could disintegration and removal take place, and in proportion as this is more or less rapidly accomplished will the vital activity of the part be exalted or depressed, all other conditions of life being adequately supplied.

It is supposed by some that Oxygen is a direct stimulant ; it may be so ; an indirect one it certainly is in furnishing the means for the disintegration of effete matter, provided the results of that decomposition be removed ; not otherwise however, for if they are left, life is still precluded.

It would be tedious, and we think unnecessary, to enter into a discussion regarding the primary functions fulfilled by the "white corpuscles," that they are principally formed of nutritive material destined to be the aliment of other organisms, and that in thus using they change, or "assimilate" the material. Most will, we think, concur with us in believing from the evidences and probabilities adduced in support of that view by Carpenter, and others. We agree, also, in opinion with some good observers who can discover no radical difference between them, that the chyle, lymph, mucus, exudation, and pus corpuscles are merely modifications of the white corpuscles, induced by circumstances attending their development. Nor are we disposed to stop here, for we think there is good reason to suppose that they are, so to speak, the parents of all the more permanent, and many of the evanescent tissues of the body ; even in cases apparently exceptional, we think they stand in the same relation, once or twice removed. Our space will permit but little reasoning, and scarcely more than a passing mention of some of the more relevant facts upon which this opinion is founded ; indeed, here, as throughout, our purpose is more to suggest than to demonstrate.

[TO BE CONTINUED.]

ART. III.—*The Hepatic Origin of Consumption*. By W. HENDREN, M. D. Delaware Ohio. Read before the Delaware County Medical Society, and published by their order.

The origin of Consumption may be traced to a variety of cause ; but in my opinion, there is one, which, from some obscurity escapes the notice of the Physician : viz. *Hepatic*.

From the influence of our climate on the Hepatic system—the *malaria* generated during the warm months of the year—the freedom with which our inhabitants indulge in *animal food*—and also from the still extensive indulgence in *intoxicating drinks*, the Hepatic system is sooner or later seriously deranged.

This system, it must be admitted, is of great importance in the animal economy ; and it is admitted that there is a direct sympathy between it and the Respiratory system. When the Hepatic system becomes deranged, the secretions generally are more or less in a morbid condition; the Skin, Kidneys, and in the female, the Uterus, all feel the unhealthy influence. The cutaneous exhalents of the whole surface of the body contract, become dry, and fail to perform their proper offices, the effete matters of the blood are not thrown off, as nature designs, and the blood retreats to the internal organs. In this condition the lungs cannot fail to feel the influence, as their chief office is the purifying of the blood, by the diminution of carbon, in order that it may be in a proper condition for maintaining the healthy condition of the various organs in the performance of their proper functions.

When the liver is in a healthy condition (presuming the other organs to be in the same state) the process of digestion goes on harmoniously, giving vigor and animation to the whole economy ; the portal circulation being normal, the life giving fluid flows directly to the heart, from thence it passes to the lungs, where it is to undergo purification. But let us consider the influence which positive Hepatic disease has upon the lungs generally. The lungs not only have to make an unnatural effort to throw off the increased quantity of effete carbonaceous matters from the blood, but the morbid condition in which the skin is left from the derangement of the liver is extended to the mucous lining of the bronchi and air cells of the lungs. This lining membrane being merely a reflection inwards of the skin, though far more delicate, is at once thrown into a state of irritation or inflammation. The lungs are required to perform their proper office of expelling carbon and admitting the Oxygen of the air to pass through their very delicate parietes, to enter the venous blood for the purpose of changing it to pure arterial. Instead of the lungs obeying this, which they cannot fully do, they commence secreting mucus from the lining membrane of the air cells, for the purpose of relieving the morbid irritation or inflammation, there established.

This is the effort of nature to relieve herself—in this condition the health of the lungs cannot be properly maintained.

They are not in a condition to nourish themselves, much less to fight the battles of their neighbors. Thus while the “*vis medicatrix*” is exerting herself to obtain relief, she is all the time *assiduously* laboring for others, while the enemy is multiplying his forces upon her. How then can she relieve herself unless the other organs are relieved? If remedial agents are not brought to bear upon the other deranged functions, this morbid condition within her delicate cells must of necessity go on increasing in extent and violence. This secreted mucus becomes thicker and thicker, and still more decidedly irritating in its character—exciting cough and deranging respiration.

The air cells are proved to be extremely thin, elastic and delicate, from the fact, that when the bronchi are thoroughly injected with wax, the whole cellular structure presents the appearance of a concrete mass. Viewing them, as we should, with an eye of discrimination, and striving to investigate the true pathology of disease, we must take into consideration, first: that the lining membrane of the air cells of the lungs, as well as the bronchi, are a reflection inwards, or a continuation of the skin through the whole structure: secondly, that the lungs are principally supplied with nerves from the par vagum, and great sympathetic. The liver and stomach also receiving, as they do, considerable nervous influence from the same source, must have an effect upon these organs. Thirdly, that unless nutrition is supplied in proper quantity, and quality, which cannot be the case, unless the liver secrete properly, and sends to the stomach healthy bile; in which latter organ the food when received, must undergo certain changes, before it is fit to be received into the small intestines. Fourthly, if the functions of the liver are deranged, the food is imperfectly digested, and in this state is received into the small intestines, and exposed to the action of the lacteals and absorbent vessels. Portions of it are taken up by them, and through the medium of the *Thoracic Duct*, and are transmitted to the blood for the purpose of supplying nutrition to all the vital processes of the body. This blood, far more impure than nature, in her natural state designs it to be, is thus received into the lungs, to undergo the process of purification. In this state of things, the lungs are required to do more than nature designed for them even in health. How, then, can decarbonization, and respiration be normally performed,

when, previous to this the air cells of the lungs are suffering from a morbid irritation or inflammation induced by the deranged exhalents of the skin.

Now, then, we have a broad foundation for the subsequent, and sometimes speedy development of Phthisis Pulmonalis, in proportion to idiosyncracies of the individual thus affected.

Again, physiology teaches, that when one organ is diseased, that this disease is disposed to extend to, or attack those organs first, for which the affected one has the most direct sympathy.

If, then, Anatomy, Physiology, and Pathology are well understood, and brought to a practical bearing in the sick room, the physician can guard with a watchful eye, and frequently shield from danger, the organ, or organs most likely to become next affected. The importance of thoroughly understanding the Anatomy and Physiology of the whole Hepatic system, is known and felt by the best Anatomists and Physiologists of the present day.

During my last course of attendance at the Ohio Medical College, Professor Shortwell, the very able, and eloquent lecturer on these branches, (and whose memory is dear, I have no doubt, to all his pupils,) whilst demonstrating the arteries and veins of the abdomen, generally came to a pause, and then, before recapitulating, made the following impressive remarks :

“There is one system to which I wish to call your special attention, and what I now say, I wish you all to remember: The portal circle, or Hepatic system, which I shall now describe minutely, is one of paramount importance. The great frequency in this climate, of functional derangement, and organic lesion of some portion of this system, the numerous direct and remote sympathies of this with other organs, and structure of the physical economy, the respiratory, nervous, urinary, cutaneous, absorbent, &c., are so great and important, that I hope no student will disgrace the Ohio Medical College, by leaving it without thoroughly understanding this subject.”

In the latter part of October, 1851, I was called to see a lady thought to be on the decline ; or in common phrase, running into the consumption. Her husband told me she had recently lost a sister with the same named disease. That she had attended upon that sister a great deal ; often slept with her, and most deeply felt her loss, and gave me to understand that she believed herself doomed to a similar destiny.

She had been troubled for three months, or more, with a hacking cough, &c. On examination I found the following symptoms: a dry cough, with the exception of some little expectoration in the morning; at times some difficulty of respiration, especially when an attempt was made to take a full respiration.

There would be a *catch*, and considerable pain in the region of the Pleura Pulmonalis, and Costalis, with soreness on pressure in this region, also, on the right lung, liver, and occasionally the pain extended up the right shoulder, and between the shoulders. There was one peculiarity about this case; the patient complained of pain and soreness in the right arm, along the track of the deltoid biceps flexor cubiti, triceps extensor cubiti, and brachialis internus; and then, by a critical examination over the right lung, I found soreness, but not enough to justify the conclusion that this was the principal seat of the whole difficulty. I found, on passing my fingers over the track of the pectoralis major, that it was quite sore. The right arm seemed weak, and the muscles somewhat shrunk; the voice was weak, and slightly hoarse; bad taste in the mouth; appetite capricious; symptoms of imperfect digestion; skin slightly dry, but looked nearly natural.

After deliberating upon the case, I came to the conclusion that the original difficulty was in the liver, and stated my opinion to them. They seemed much surprised, but after giving my opinion, and reasons fully, the lady seemed partially convinced; and when I told her I thought her case curable, she seemed encouraged, and desired me to treat her case, as her previous medical attendants had made her believe the difficulty was altogether in the right lung.

Their remedial agents had failed, of course, to produce any beneficial effect, and she was anxious for the treatment to be changed. She would not be fully convinced but that she had symptoms of Consumption, and stated that unless she should improve soon, her husband would take her to a Water Cure Establishment.

I put her upon the following prescription:

Comp. Ext. Colocynth	1 ℥,
“ Blue Mass	1 “
Pulv. Sang. Canadensis	1 “
Aloes, Socotr.	1 “
Pulv. Ipecac.	20 gr.
Tartar Emetic	10 “

Made into pills of common size, to be taken two every night, or

every other night, according to the effect upon the bowels. I also prescribed as an expectorant, *Pol. Senega.*, and *extract of Liquorice*, made into a syrup, one fluid drachm to be taken three or four times a day. I also ordered counter irritation over the region of the liver, and a stimulating liniment to be applied to the arm.

She soon commenced improving under this treatment, with an occasional change, as her symptoms seemed to indicate. Occasionally in place of the pills I gave her an alterative of *Hyd. Sub. Mur.*, and after the secretions were pretty well established, mild tonics and proper diet.

She recovered in the early part of the winter, and has since enjoyed good health, and for the last six months has done a great deal of hard work. During all this time she has been free from cough, and says her health is better than it has been for some length of time.

I have since had two cases; both females, similarly affected, with the exception of pain in the arm, and some uterine difficulty. In both the catamenial discharges were irregular, and sometimes nearly suppressed; and in one case much coldness of the hands and feet even in warm weather. One of these cases I attended in February last, in Berlin township. I found her very weak and dejected, having, as she stated, been confined to her bed for thirteen weeks. During this time she had been under the treatment of a young physician of that vicinity.

Having formerly attended upon herself and family, when I was practicing there, she desired my attendance. When called I found great derangement of the secretions generally, and especially the Hepatic system, with a bad cough, &c. I put her upon alterative portions of *Sub. Mur. Hyd.*, and *Pulv. Ipecac.*, with counter irritation over the region of the liver and left lung.

Saw her again in three days; found her much improved; slightly ptyalized, though I did not intend it, but in three weeks from that time she was about her ordinary duties. I made but two visits.

I might mention many more cases of a similar character, treated in a similar manner, with happy effects; but will only advert to one; that was in my own person. Last spring I contracted a bad cold; bowels became irregular, and soon felt extremely unwell. I had a most distressing cough. Neither consumption, nor any scrofulous affection is hereditary in my family. I was not apprehensive, but attended to my business for some weeks in that condition; took occasionally a mild expectorant, with little benefit; (did not wish to take

much while riding.) On moving into a damp house I became worse, and was soon confined to my bed, with very severe pain in my right side, and over the region of the right lung, also some fever attending.

My wife became alarmed, and very judiciously sent for my esteemed friend, Dr. Williams, who had previously kindly attended upon me, and understood my constitution. He examined me, and with his usual discrimination soon discovered the true pathology of my case, which was some inflammation of the Pleura and irritation of the air cells of the lungs, with general functional derangement of the liver.

By prompt and energetic treatment, viz : venesection, a mercurial cathartic, with extensive counter irritation, followed by mild expectorants and anodynes, I soon recovered; whereas, had my case been treated entirely for affection of the Pleura and Lungs, without any reference to the biliary organs, I might now have been beyond the reach of medical aid.

Objections might here very naturally arise to my theory, viz : That consumptive individuals frequently go south, where Hepatic diseases prevail to a greater extent than in this climate, and get well. Sometimes persons going South in autumn, and remaining during the winter, are restored, or very much improved, while many die. Had they gone there in the spring, and remained during the summer, the list of mortality would in reason have been much greater.

Dr. Bell, in his practice, states that warm, Southern climates are never beneficial, unless digestion and proper nutriment are maintained. He recommends that in a sthenic state of the system, the individual to go farther north, especially persons in whom digestion is slowly and imperfectly formed.

It is stated by him, as well as by other eminent writers, that a change of climate from east to west, and from west to east, proves often beneficial, and sometimes performing a cure. He also states that much traveling, changing climate and scenery, whether east, west, north, or south, proves beneficial.

It is now conceded by many eminent writers, both in Europe and America, that the former sanguine hopes entertained by such individuals, and their friends, have not been generally realized. Exercise on horseback, or in a carriage, cheerful company, home and friends, with the attentions of one's own physician, often proves as beneficial, even more so, than change of climate.

My object in this essay is merely to bring the subject more directly before the profession ; that by further discussion and investigation it may be more fully and generally understood.

[The following communication was received several months since. It should have appeared in a former number of the Journal, but being mislaid, it was overlooked, and for a time forgotten.—ED.]

ART. IV.—*Remarks on Dysentery.* By THOMAS W. GORDON, M. D.,
Georgetown, Ohio.

Coleitis, Dysentery, or *Flux*, as it is called in this region, made its appearance about the 10th of May, 1851, and increased in violence up to the last of July, when it again gradually decreased. It was mostly confined to neighborhoods along the streams.

In the county of Brown, the most severe cases occurred along the valleys of White Oak, Red Oak, Straight Creek and Camp Run, following the region most subject to Malarial, or Periodic disease. In very many of the cases that came under my observation, there was a periodic exacerbation, which was controlled by anti periodics, and not by other means. This, however, I have found to be the case with nearly every patient I have seen for the last eighteen months, let the disease be what it may. I have seen it in Pneumonia, Rubella, Rheumatism, and in almost every case of febrile action. I saw several dysenteric patients who had a chill every day until the disease was controlled. Others with a chill, and sometimes a shake every second day ; and again others not with regular chills, but *exacerbations* of fever, after more or less chilliness, coming on twice in the twenty-four hours. And again others, that remained without any increase of symptoms for thirty-six, forty-eight, or seventy-two hours at one time, and a shorter or longer period afterwards. In all such cases I used quinine. I did not administer it in a single case that did not improve under its use.

My general treatment was the use of Acet. Morph. in doses sufficient to relieve the pain and tenesmus ; from one sixteenth of a grain, to half a grain from every half hour to every six or eight hours, with an occasional dose of Pill Hy. and Seidlitz Powders sufficient to cleanse the intestinal canal. In one case only did I use the lancet. In two or three I thought blisters requisite, and used them. I carefully avoided all nauseants, but used fomentations, Epispastics, Chlo-

roform, and Chloroform Liniment upon the abdomen and over the stomach very freely in all cases of gastric or illiac irritation.

When the attack was recent, with only three, four or five passages of the peculiar fleshy bloody stools of flux. More than half the cases yielded to Morphia Acetatis by the exhibition of from one to three grains in the aggregate; but after the irritation had ceased some twenty or thirty hours, I prescribed Pill Hy. ten to thirty grains, and one or two Seidlitz Powders.

It may be asked what is the *modus operandi* of the treatment; a question much easier asked than answered. But admitting that the animal economy has a tendency to eliminate disease, may we not justly suppose, that by allaying the nervous irritation, we may check the infiltration, and allow the eliminators of the system time to remove the cause. While the disease is confined entirely to the mucous coat of the intestines, there is but little pain; but as soon as infiltration takes place, and the nerves of sensation are pressed upon, or the mucous coat ulcerates and passes off, leaving the sentient nerves exposed, we have at once all the agony beheld in cases of dysentery. To relieve the irritation and distress was my wish. When I first administered the Acet. Morphia, I found that it not only controlled the pain, but the disease. Believing that by this course I assisted the powers of life to throw off diseased action, without diminishing the forces of the animal economy. I know that many highly recommend the use of nauseants, especially Ipecac., to act upon the eliminators of the system. No doubt they have been pleased with the action of the medicine, and I will not dispute with them about the comparative value of the different modes of treatment. I only say, in relation to the course pursued by myself, that I have been able to relieve the intense suffering in a very short time, and have avoided the distressing nausea attendant upon their mode of treatment.

I have had many reasons to feel pleased with the plan I have adopted; and I have no doubt that those I have attended, feel also well pleased, for no one of the many afflicted with dysentery, whom I attended during the prevalence of the disease in 1851, was compelled to "*bite the dust*." And of the entire number, not one has been afflicted with chronic dysentery. Whether my cases were as severe as those attended by others, that I did not see, I know not. But I do know that I attended some thirty or forty cases that I considered very severe, and many more of a milder character.

The ages of my patients varied from six or eight months, to fifty-eight years. In some localities almost every person in the neighborhood was attacked with the disease. But as nearly as I can gather from the practice of others, there were more females than males who fell victims to the disease. More young than aged. No post-mortems were made.

Our soil is clayey and loamy, based upon the blue limestone formation. Water impregnated with carbonate of lime and sulphate of lime, and in some instances with magnesia, sulphur and iron.

The disease increased in violence immediately after rapid thermometric changes. During the time of its greatest severity the days were very warm, the thermometer ranging from eighty to ninety degrees Fahrenheit, and the nights unusually cold for the season of the year. There was in several instances, a change of from thirty to forty degrees in twelve hours. Weather generally dry.

ART. V.—*Gun-Shot Wound of the Heart—Death two weeks after the accident.* By R. C. HOPKINS, Cleveland, Ohio.

An Irish woman, on the evening of the 9th of Nov., 1852, received a ball, from a pistol, of the size of a No. 2 buck shot. When I saw her about $\frac{1}{2}$ past 6, P. M., she was in a state of extreme collapse, the pulse just discernible, quick and fluttering. The external opening appeared between the 5th and 6th ribs, of the left side under the arm. A probe took an upward and slightly inward course when an attempt was made to introduce one in the course of the wound. Quiet was enjoined and a cordial administered. In the morning reaction had commenced. On the third day signs of Plura-pneumonia were apparent, which continued with increasing severity until the 23d of Nov., when she died, about 2 P. M., just two weeks, less by 4 hours, from the receipt of the injury.

The *post-mortem* was made 26 hours after death, as follows: Percussion over the chest gave a dull sound over the left side of the chest, including the entire sternum. When the sternum was raised the left cavity of the chest appeared full of bloody serum. The heart was pushed entirely to the right of the spine, and the right lung compressed behind it. The left lung was so completely hepaticized as to sink at once when placed in water. The opening made by the ball into the chest was found between the fourth and fifth

ribs of the left side, about $2\frac{1}{2}$ inches from the articulation with the cartilage. The fifth rib was fractured and a small piece split from its upper edge. This had the appearance of having caused all the trouble. The ball we found lodged in the apex of the heart, having penetrated so that when the left ventricle was laid open the ball was just seen protruding. No cyst had formed around it, and no other evidence of inflammation of the heart or pericardium was apparent.

ART. VI.—*Interesting cases in Operative Surgery.* By R. L. HOWARD, M. D., Professor of Surgery, &c.

CASE I.—*Ovariectomy in a young lady of 17 years, by a new method—Recovery.*—Miss R. J., æt. 17, of Franklin County, Ohio, consulted me in August last, on account of a tumor in the abdomen. She informed me that in March last she had an attack of measles and recovered from the disease without any unusual symptoms. In May following she experienced a pain in her left side which was persistent and crescent in its character. About the first of June she detected a “lump in the lower part of her bowels.” This rather rapidly increased in size until the time of the consultation adverted to. On examination I found a regular oval tumor filling the whole cavity of the abdomen and distending to a considerable extent its walls. Obscure fluctuation revealed more or less fluid in the centre of the tumor. The hymen was absent, but the uterus was found, on examination per vaginam, to be in a healthy condition and unconnected with the diseased ovary.

On the 18th of September I visited Miss J. and found her laboring under considerable general disturbance and pain in the right side, apparently from the pressure of the tumor. Her pulse was remarkably frequent, beating some 130 to 140 per minute. The symptoms being of a distressing character, rapidly becoming worse, I, in consultation with Drs. G. W. and J. Helmick, decided to tap the tumor. On introducing the trochar, about a gallon of very thick albuminous fluid escaped, which completely relieved the patient of all her urgent symptoms. She remained quite comfortable for about two weeks, when the rapidly accumulating fluid and the increase in the solid growth, caused a return of all the distressing symptoms.

On the 8th of October I tapped her again, drawing off about the same quantity of fluid, with precisely similar results; but in a few

days the tumor could be observed to grow from day to day, and it became evident that something more effectual must be done, if the life of the patient was to be rescued from the fatal result that awaited the progress of the disease.

On the 14th of October a consultation was held with the attending physicians adverted to, and several leading physicians of Columbus, all of whom, without a dissenting voice, approved of an operation for the removal of the tumor at once.

The proper arrangements being made and the patient placed upon a table and fully under the influence of chloroform, I made an incision from three inches above the umbilicus on the linea alba to the pubis, dividing the integument, fascia, tendon and peritoneum. The ovarian tumor was fortunately found free from adhesions; but its attachments to the uterus, &c., were rather extensive. I now adopted an expedient to which is due, *mainly*, the success of the operation. Fearing the effect of the ligature upon the delicate peritoneum, I divided it completely around the neck of the tumor upon a grooved director. In the groove or channel made by this dissection, I applied the ligature, which sunk deeply and readily into the loose cellular structures as I tightened the knot, without impinging in the slightest degree upon the contiguous peritoneum. The neck of the tumor was divided about one inch from the ligature, and the wound dressed in the ordinary manner. The whole operation was performed and the patient placed in bed without the least consciousness of pain on her part.

Since the operation not an unfavorable symptom has occurred. The ligature came away and the parts healed kindly; and now, Dec. 9th, we believe she is perfectly well.

I had omitted to mention that the patient had several attacks of intermittent fever in August and September, and that she had not menstruated for near three months before the tumor was removed. I have not learned whether her menses have returned since.

I desire to call the attention of surgeons to that part of the operation wherein the peritoneum was divided for the purpose of excluding it from the action of the ligature. I am not aware that the operation has ever been performed in this manner before, and yet it may have been, as I have not, on account of the pressure of my engagements, made myself familiar with the literature of Ovarian Surgery. I deem this step in the operation worthy of the highest consideration, and considering the proclivities of the peritoneum to

inflammatory affections, particularly under the influence of mechanical injury, I am only surprised that this proceeding has not been universally adopted.

CASE II.—*Ovariectomy—Death on the 17th day after Operation.*—Mrs. H. M., aged 28, Franklin County, Ohio, after bearing her second child about five years ago, observed a small tumor in the left iliac region, which was unattended by pain or inconvenience. Three years ago in August last, she gave birth to a son, and third child. In January, 1851, she bore another son, her fourth and last child. Before her last pregnancy the tumor filled and distended the cavity of the abdomen. During and subsequent to pregnancy, however, she enjoyed very good health, suffering only from mechanical inconvenience. Subsequent to the birth of her last child her tumor grew more rapidly, until I saw her for the first time, in company with Dr. J. B. Thompson, her family physician, on the 29th January last. On examination per vaginam her uterus was found in its normal position and condition, but she nevertheless insisted that she was some five or six months advanced in pregnancy. Her reasons were that her menses had been absent during that period and that she could distinctly feel the motions of her child. Not being able to convince her of the propriety of drawing off the fluid contained in the ovarian cyst, I left her, and did not see her again until the 13th of August last. Of course she had abandoned the idea of pregnancy, and was willing to submit to the operation of paracentesis. This operation was not performed until the first day of September, when nine gallons of dark fluid was discharged. She was exceedingly comfortable and had a rapid recovery. After the evacuation of the fluid there was found a large solid growth in the abdominal cavity.

Oct. 14th, we tapped her again, and removed about eight gallons; and on the 26th, in consultation with her regular physician, and several other eminent physicians of our city, we proceeded to perform the operation of ovariectomy. The patient being placed upon a table, under the influence of chloroform, I made an incision from near the umbilicus to the pubis. On reaching the tumor its surface was found firmly adherent to the abdominal peritoneum. The adhesions were broken up from four to six inches beyond the boundaries of the incision. Being now persuaded that adhesions were general, and perhaps universal, over the entire surface of the tumor, I abandoned my efforts at separation—removed by excision a portion of

the ovarian cyst, introduced a tent made of lint through the opening into its cavity for the purpose of preventing closure, dressed the wound by sutures and adhesive strips, and placed the patient in bed.

The shock of the operation was but slight, and she soon became comfortable. For several days she suffered but little, but a low form of inflammatory action attacked the tumor and peritoneum. The discharge became intolerably offensive, and under its influence she gradually sunk, until the 17th day after the operation she died apparently from exhaustion.

CASE III.—*Spina Bifida of the Occiput—Operation—Death.*—E. F., aged 7 weeks, of Franklin County, was brought to me about the 10th of Oct. last, by the mother, to consult me respecting a tumor upon the occiput about the size of a turkey's egg. The tumor, situated just at the junction of the hairy scalp, with the nape of the neck in the median line, was elastic, fluctuating, and free from inflammatory action. I suspected it to be a case of spina bifida, but could not detect any connection with the cavity of the cranium. I punctured the tumor with a cataract needle and avacuated a few drachms of serum. In a week after I punctured with a small bistoury and evacuated about two ounces of fluid. This was followed by no local or general disturbance whatever.

On the 26th of Oct. the child was brought before the class of Starling Medical College, where I proposed and performed the following operation :

The tumor was transixed with a large bistoury, and divided into two nearly equal parts to its base. The serum it contained at once escaped, and I found an opening into the cavity of the cranium through the occipital bone just posterior to the Foramen Magnum, and apparently continuous with it. I now cut off the flaps which formed the walls of the tumor, but left enough to cover the opening. I then dissected out the meninges, (dura mater and arachnoid) down to the very orifice in the bone, and brought the lips of the wound together with stitches and adhesive strips. The child during the operation became pallid, extremely prostrated, and showed signs of approaching dissolution. As soon as the strips were applied I directed the mother to take the child to my private room to give it air, and to remain until I should get time to dress the wound.

Frightened out of her senses, she escaped from the Institution in a moment, like a bird from its cage, and declared that her child

should never die in the college. Not knowing where she stayed in the city, I was entirely unable to find her, though I sought her diligently.

In the evening the father of my little patient made his appearance, and requested me to visit her. I learned that soon after they left the lecture room the child was attacked with convulsions, which recurred frequently through the day. Serum also flowed freely through the wound. I ordered water dressings with mild purgatives of calomel and castor oil, and absolute rest. The child, though suffering from occasional convulsions, began to improve, and continued to do so for three or four days, when its mother determined to leave town; and, notwithstanding my objections and entreaties to the contrary, she did so, and went nine miles to her residence in the country, where she remained several days.

In about ten days she made her appearance at my office, with the child still alive, in her arms, but considerably emaciated. The convulsions had pretty much subsided, and the serous discharge had ceased. I endeavored to persuade her to remain in town a week or two, but she resolutely expressed her determination to return that night. I remonstrated, and assured her that she would remove all hope of recovery by such harsh and unnatural treatment. She replied with the utmost vehemence: "An' sure the baby *could not* be kilt, since the poor thing was not kilt on the day of the operation." She expected the child would die, but she was perfectly sure it could not be *kilt*. On the next day after her last visit to Columbus, as might have been anticipated, the child died. I had no opportunity to make a post mortem examination.

This operation was performed under the most unfavorable circumstances. Its age, (seven weeks) and the rude management it experienced from its mother, were enough, *together*, to insure a fatal termination in any similar case. I am of the opinion the child would have recovered, with tender and careful nursing.

CASE IV.—*A Large Thimble in the Posterior Nares, which for some time escaped detection.*

A little boy, aged two and a half years, whose name I do not now recollect, was brought to me from Pickaway county, about four weeks since, for advice. The father informed me that about two weeks previously the little fellow had swallowed a thimble, or rather,

that a thimble had accidentally passed into his fauces. His mother, alarmed at the symptoms of strangulation produced by the foreign body resting upon the glottis, passed her finger into his throat, and in her endeavors to secure its removal she felt it distinctly glide upwards behind the palate. The boy now breathed again with perfect ease, but being certain of its lodgment in the part alluded to, she applied to a physician, who, on examination, could not detect its presence there, and expressed his opinion that there was no foreign body in the Nares. Another physician was consulted, who advised that the child be brought to me.

On examination of the fauces, I saw no indications of a foreign body. They appeared in a healthy state. The articulation, however, was abnormal. He spoke like a child with a cleft palate—the air passing freely through both nostrils. I passed a blunt hook through the mouth into the posterior nares and detected nothing like a foreign body. I then passed a probe through both nostrils into the fauces with similar results. Convinced that the thimble was still in the nose, I passed a large silver female catheter through the right nostril, and keeping the extremity firmly pressed against the side of the posterior nares it distinctly struck a solid foreign body, which, with considerable difficulty I pushed downwards into the fauces, when the child retching violently, threw a very large steel, brass bound thimble from his mouth. It seemed that the cylinder of the thimble, open at both ends, was lying parallel with the posterior nares, and firmly impacted within them, the air passing freely through this metallic tube. Its continued presence must have produced the most disastrous consequences.

ART. VI.—*Reproduction in Solution of Continuity.* By A. G. STEVENSON, M. D., of Franklin co., O.

I transmit the following account of a case during the treatment of which, although there was no particular surgical skill exhibited, yet the nicety and perfection of the reparative process of nature were singularly manifest.

Daniel Chapman, a young man of 18 years, was brought into my office in a half fainting condition, with his right hand badly injured by falling on a circular saw in rapid revolution. Upon

removing the rude dressings, which had been hastily applied to it, I found that the teeth of the saw had entered the outer edge of the hand, passing through the 4th, 3rd, and part of the 2d metacarpal bones, severing the flexor and extensor tendons and the nerves accompanying them. The amount of blood lost, and that continually flowing from the wound, led me to suspect that one or more of the palmar arteries had been divided, and upon examination, the palmar arch of the ulnar artery was found to be completely severed. The divided extremities having considerably retracted, I deemed it more judicious to arrest the hemorrhage by compression, rather than to protract its continuance by perhaps a fruitless search for the retracted extremities, and proceeded to place a number of small vial corks over the ulnar line of the artery, binding them down firmly with a roller wet in alcohol. This had the desired effect; the bleeding gradually ceased, and my attention was given to the widely gaping wound. The probe came in contact with several splinters of bone, which with some difficulty were detached from their adhesions, and a quantity of saw dust was removed from the interior. The edges were then drawn together by strips of linen, fastened to the adjacent skin with collodion, the hand bound securely in one of Goodwin's fore-arm splints, a compress wet in cold water previously applied to the lacerated surface.

The patient returned home, and took by direction, Pulv. Dover, grs. x., to be followed in the morning by magnesia sulphat. 3 i. The weather being extremely warm, some little erisypelatous inflammation on the third day, which, however, speedily yielded to the lotion recommended by Velpeau in such cases, (*Vide Braithwaite, vol. xxxvii.*) On the 10th and following days, to the 15th, a little suppuration was visible, owing to the particles of saw dust which had become imbedded in the wound at the time of the accident. This soon disappeared, and was succeeded by a broad cicatrix, which caused some indentation on the ulnar edge of the hand. At the end of five weeks, the metacarpal bones, the tendons, nerves, and vessels, which had been so rudely severed, had become united, and not only full action was completely restored to the hand, but what I can hardly say that I expected, the sensation to the touch was as perfect as it had ever been—the only difference between the

two hands being, that the injured one is more sensitive to the cold than the other. The treatment in the above case was perfectly simple, and that which would naturally suggest itself to any one; but what is remarkable is, the brief period in which the healing process was perfected—the zeal and energy, if I may so speak, with which nature immediately began to repair the injury sustained, and the faithfulness with which the work was completed, and all the functions of the mutilated member restored.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Treatment of Dysmenorrhœa, by Mechanical Dilatation.* By A. T. NOE, M. D.

Dysmenorrhœa is, perhaps, the most common and most troublesome disease of women. Seldom, if ever, does it get well without appropriate remedies; often continues for many years, the subject thereof being emaciated, sickly, anxious, desponding, miserable. I believe that women of all temperaments and habits are subjects of dysmenorrhœa during their menstrual lives, and experience has taught me that many are affected from the very commencement of menstrual life.

I had treated many cases after the usual plan, giving opium, camphor, morphine, &c., in the paroxysms, and the volatile tincture of guaiac., preparations of iron, &c., in the intervals, without curing most of my patients. I had read Dr. McIntosh's views and treatment, and concluded in a bad case I had on hand in 1848, if I could get the consent of the lady, to try his plan of dilating with bougies. I accordingly explained to herself and husband my designs, giving my authority, and reasoning with them *a priori*. They being intelligent persons, immediately gave into it. As I intend to give several cases, I will commence with this, my

1ST CASE. — Mrs. N., aged 26, had been married seven years without issue. Although I had been acquainted with her seven years, I had not been consulted in her case, nor had she been treated by any physician, notwithstanding she had been laboring under dysmenorrhœa from puberty. In 1846 I was requested to treat her case. I found her in the following condition : emaciated, complexion sallow, unable to walk two hundred yards, cold hands and feet, pulse about one hundred ; menses irregular, exceedingly painful, preceded by pain in the back and womb, the menstrual period generally continuing a week or ten days. I could not learn that she had ever discharged anything “fibrous or shreddy,” but small clots, preceded by “bearing down” pain extremely severe. She would scarcely recover from one period until another would come on, which, indeed, endangered her life.

Upon examination per vaginam, I found the uterus too low, amounting evidently to prolapsus. As the lady and gentleman were both anxious to have children, they requested me, if possible, to cure the lady ; and as the case was an interesting one, and one I felt sure would add very much to my reputation as a medical man, I determined to spare no pains. I accordingly visited her very often for two years, using all the remedies common in such cases ; at the end of which time the only improvement was regularity in her menstrual periods, without any diminution of suffering.

I now determined to try dilating the womb, after the manner spoken of by McIntosh. She readily consented, and I commenced ten days previous to the next menstrual period. Having never before attempted to perform such an operation, I found it much more difficult than I had expected, consequently I cannot say what the size of the os tinsæ in this case was. I commenced, however, with a silver probe belonging to a common pocket case, and evidently had great difficulty in introducing it, as much, I judge, from awkwardness, as from any impediment. I however continued my efforts daily for ten days, at the end of which time I was an adept in the operation.

Her next period was evidently shorter and less painful. Ten days previous to the next period I again commenced with a medium sized bougie, using a larger one every day or two, until I used the largest size, when, to my great consolation, she menstruated without pain ; and in May, 1851, I had the pleasure of delivering her of a daughter, who, with its mother, is now enjoying good health, with

a fair prospect to have more. This lady had been married ten years and four months, and I am very certain would have been dead, but for the mechanical dilatation.

2ND CASE.—Miss J. F., aged sixteen, healthy, well-grown, menstruated at fifteen; discharges small and painful. When I saw her, a year after puberty, she was evidently laboring under dysmenorrhœa. Upon examination per vaginam, I found her uterus occupying its proper position. Very little tenderness. With some difficulty I succeeded in introducing a small silver probe. I continued the dilatation for ten or twelve days; the next period was evidently less troublesome. Commenced the use of the bougies ten days previous to the next period, when she menstruated healthy, without pain. She is now in good health, though not married.

3RD CASE.—Mary, (colored,) aged twenty; menstruated at fifteen, had Dysmenorrhœa at eighteen, is of lively, active habits; good health up to the time of the attack. I was consulted in her case some time in the latter part of last year. She is a favorite house girl, and I was requested by her mistress to cure her if possible, and as quick as possible. Upon examination I found that the menstrual period was preceded by severe pain in the back, head-ache, &c. (*No pain in the mammae.*) The discharge was clotted, but not shreddy. She was pale and emaciated: pulse 100, small. She was ordered the hot hip bath, with $\frac{1}{2}$ gr. opii., 2 grs. g. camphor every two hours. I visited her the next day; my prescription had done no good. I ordered T. Emetic in small portions, without relief. Nothing I gave relieved her. The attack now lasted her seven or eight days. So soon as it was over, I gave Dr. Dewees' celebrated vol. Tr. Guaiacum in the intervals, which was continued up to February, 1852, without the smallest relief. Indeed, the attacks were worse, lasting continually now two weeks.

I was sent for on the first of March last; found Mary laboring under a violent attack of dysmenorrhœa; visited her every day for two weeks, giving all the usual remedies; at the end of which time discharge stopped, and in a few days after the soreness, which was very great, subsided. I commenced the use of the bougie, using it every day and every other day, according to circumstances, until the commencement of the next attack, when she menstruated without pain and was well in four days, and is now better than she has

been in six months. I intend to use the bougie again a few days previous to the next expected menstrual period.

Since writing the above, I used the bougies, when she menstruated healthy, as has been perfectly well ever since.

Canton, October 1, 1852.—*Nashville Journal.*

ART. II.—*A Consideration of some of the Relations of Climate to Tubercular Disease.* By J. W. BURNET, M. D., Boston.

There are two prominent facts which have made the subject of the climatic relations of tubercular disease, one under active discussion among the medical men of this country and Europe during the last few years.

These are : first, the almost alarming increase of disease of this nature ; and, second, the facilities of travel, so that climate can be easily and cheaply changed. The time has been when only a few thought about distant climate for health. But now, almost every one who at all values his life, can easily put himself in a more genial atmosphere and beneath an almost cloudless sky. With the attention thus directed, the questions are—*what* climate is to be sought ; and what are the reasonable expectations as to its effect upon tubercular disease ?

Of late there has been published quite a number of works upon the climate of those European and insular countries hitherto quite celebrated as resorts for invalids of this character ; and, as the most dissimilar views have been advocated, there has arisen much confusion among medical men as to the correct answers of the questions above referred to. Some, in fact, have become thorough skeptics as to the benefit of any change of climate out of the latitude in which the invalid has been accustomed to live.

From among these works recently published may be mentioned two, viz., that of Dr. Pollock, appearing in the London Medical Gazette of last year ; and that of Dr. Burgess, not long since separately published. Both are upon the climate of Italy, and are well calculated to lessen the enthusiasm of invalids for a land which has always been made more sunny by the pens of poets than the favor of nature. I have no doubt that the conclusions of these men, and especially those of Dr. Pollock, upon the climate of southern Europe, are correct in the main ; and, as they are addressed to the English

people, will no doubt lead many English Physicians to hesitate before advising their ultimate migration.

But in this country, a misapplication and sometimes a misinterpretation of these and similar opinions, has led very many physicians to be skeptical as to the real benefit to be derived by northern invalids, from a change of residence into the southern and more sunny States. This skepticism seems to be yearly increasing—and there can be but little doubt that it as mischievous as it is really unfounded. It is certainly quite desirable that clear and distinct opinions should be entertained by northern physicians upon a subject fast getting to be one of such paramount importance. I make this remark, because I think that the reason of their doubts of climate influence, is plain; in other words, that the cause of their unfortunate experience is becoming well understood. It is, that the climate has not been thoroughly tried. To make a clear and full statement of the whole matter, I will say that I am convinced that the shifting migratory course, South in winter and spring, and North the rest of the year, usually advised and followed, is an erroneous and mischievous one; and that if a northern consumptive can reasonably expect any benefit from this change of climate, this benefit will be obtained only from a continued southern residence for several years.

There is a grave error in thinking that, if one goes South in late autumn, and remains there until late spring, and then returns North to pass the summer and early autumn, he keeps himself in the train of favorable climate influences. It is not so; and the error is concealed in the fact that a summer at the north does not make a southern climate. This leads me to some considerations upon the peculiarities and differences of the northern and southern climates of this country.

As to the New England climate, it seems quite clear, that, taken as a whole, there is something in it highly predisposing to the development of tubercular disease. Not only do we see this disease here constantly peering out from hereditary predispositions, but the cases are quite numerous in which it seems purely indigenous, being engrafted upon an untainted stock. It is true that this may be said of other countries having an intemperate climate, but very far from the extent of what I think is true in New England. Statistics can be produced to show, that, take the whole year through, pulmonary diseases—inflammation of the mucous membrane of the air passages—constitute a very large proportion of the disease. In fact the

tendency of disease here seems to be quite toward the pulmonary organs. Aside from the evidence of general observation, this statement has a very significant support in the fact, that in cases presenting some obscure aspects, the suspicion of the intelligent physician is quickly fastened upon the lungs, and an examination of the chest is made ; thus showing that where outstanding local or temporary causes are absent, one is almost unconsciously led to suspect insidious disease referable to over-constant general agencies.

An unequal fluctuating climate, in any latitude, tends to produce these effects. But the climate of New England, besides having this inequality and diversity in a very marked degree, possesses other characteristics having a great influence. Its atmosphere is dry and stimulating, and during the greater part of the year of a low temperature considering the latitude. The effect of such an atmosphere upon a sound constitution is highly bracing, leading to a mental and corporeal activity quite inconsistent with endurance and longevity. It is probably not an incorrect opinion that many of the moral and physical peculiarities of New England people, included under the terms enterprise and action, may be traced to these agencies.

In such an atmosphere, the constant vicissitudes of the temperature render the functions of the skin imperfect, thus increasing the liability of congestions of the mucous membrane ; and this mucous membrane, from the fact that it is ever in contact with an irritating medium, is generally that of the air passages. On this account, mainly, the urgency of these conditions is considerably lessened by the use of flannel next to the skin ; the importance of which, worn in the summer as well as winter, is now well recognized.

On the whole, New England climate has little in it that is sedative at any long season of the year. The winters are broken and unsteady, especially so on the sea-board, and it is only in the northern inland portions that there is that constant cold which has a far more favorable influence. The character of New England spring weather is too well known to need comment. The months of May and June frequently change places, and one is not sure of warm weather until into July. As for the summer months, it is a great mistake, as I have before said, to suppose that they furnish a climate like that of the South. There is, to be sure, heat enough, but it is unsteady, and during July and August the thermometer not unfrequently falls 30 or 40 degrees in a few hours. Intensely hot as it is frequently in midday, yet at midnight, if one is exposed, it is rare that over-clothes are not more comfortable.

But a fact more significant than all the rest as to the influence of our summer weather, is that our consumptives do not generally improve in it ; on the other hand, they lose ground. This is generally attributed to the depressing influence of the heat. No doubt there is much in this, for the heat is here often very intense ; but more is probably due to the sudden and wide change of the temperature. That this is the correct version of the matter, would seem to be indicated by the influence of our early autumn weather, which is far the best and most genial we have. There is generally a season, commencing about the first of September, and continuing until the early frosts of October, when the weather in New England may be said to be truly fine. The atmosphere is warm and dry, presenting a hazy, quiet aspect, and the light wind is generally from the W. or S. W. It is then that we have those dreamy days that come and go so quietly as scarcely to leave a ripple-mark—reminding one of the sunny skies of the pine-lands of Georgia and South Carolina. Every one, and especially those of our cities, has felt the soothing, sedative influence of this weather.

It is well known that during this weather, our consumptive and other pulmonary invalids improve. The functions of the skin are more active, and the urgency of the cough and all the other pulmonary symptoms is decreased. In many instances the improvement is as unexpected as it is remarkable—and there is often a melancholy pleasure in thus observing the temporary improvement, brightened as it always is by the patient with a thousand delusive hopes.

This short season is the only weather in New England with which I am acquainted, that is really favorable to consumptive invalids. And in its favorable influence, and at the same time in its resemblance to that of the pine-lands of the South, there may be drawn something more than a hint as to the real agency of Southern climate upon diseases of this nature. But broad as the hint is, it is not usually taken : or if so, not in time. For many invalids in the second stage of consumption, improved as they have, do not perceive the wisdom in taking means to continue in this same climate, but delude themselves with the hope that they will be well enough to remain North during winter ; or, if they conclude to go South, defer it until they are obliged to, having two or three “ colds upon their lungs.”

The peculiarities of a southern climate as bearing upon its benefit to consumptive invalids, are far from being referable alone to its ele-

vated temperature. I refer here to the alluvial and pine land portion of Georgia and South Carolina. It has other characteristics, which, though less well understood, are not the less important as to effects. The atmosphere has a decidedly sedative, soothing influence, which, due to whatever causes it may be, has a very desirable effect upon the mucous membrane of the air passages—and this effect, once commenced, is not likely to be disturbed by sudden vicissitudes of temperature. There the general tendencies of disease seem to be changed; and that, too, *from* the thoracic to the cutaneous and abdominal organs; it is through these changed relations that the cure is to be effected. But a fact more worthy of notice than all the rest, is the almost complete exemption from phthisis of the native inhabitants of this section of country. It is true that consumption is there found; but a careful inquiry has shown that in almost every instance it had been immigrated either directly or indirectly. Other diseases, such as those of a miasmatic character, those of the intestinal canal and its appendages, seem to exist in the place of those of a tubercular nature; and were we better acquainted with that curious yet important subject—the *antagonism of diseases*—we might, perhaps, better understand how these relations are effected.

That these relations of disease are based upon climatic influences, might be here shown in many ways; but I will mention one fact, observed by myself, which is quite indicative. In northern and upland Georgia, the soil and aspect of the country quite resembles that of New England. There, as in New England, the primitive geologic rocks appear; and it has for a long time been remarked, that nowhere South is the climate so much like that of New England, as in this section. The diseases follow in the same train, for they are pre-eminently those of the pulmonary organs. Consumption, lung fever, bronchitis, are common, and this, too, at the apparent exclusion of the diseases of the low and pine land regions.

An additional fact of the same bearing, and which may be here mentioned, is, that, even in the pine land of upper South Carolina, a very severe winter, (as the last, for instance,) is quite productive of pneumonia or lung fever with those inhabitants living on creeks or in damp spots. The construction of their houses is little calculated to shield them from the adversities of cold and damp; and thus situated it is rather a noticeable fact, that the disease assumes an acute form, exactly as is true of the Irish of New England, in whom tubercular tendencies are not common; whereas, among our native in-

habitants, acute pneumonia is rather a rare disease, the pulmonary affections being generally of a more chronic or insidious nature.

If such are the influence of climate upon comparatively healthy constitutions, we should naturally infer that its tendency would be toward arresting the development of tubercular disease, and favoring that condition of the general system leading to a permanent cure.

That this is so, I fully believe, and I think it can be tolerably well shown, imperfect as the state of inquiry has hitherto been.

But if we sought proof in the results of migratory invalids, our case would truly be a poor one. If climate is to work a change, it is foolish to expect that that change will be effected unless the individual gets acclimated. It is, therefore, to the results of those cases of tubercular disease where the residence has been permanent, that we are to look for a correct version of the matter.

In my intercourse with many intelligent physicians at the South, many cases were described to me, in which individuals from the North, having phthisis in its first stage, had taken up their permanent residence there. Their pulmonary symptoms gradually disappeared, and now they are quite free from them, enjoying a very fair share of health. In the same manner, also, several cases were described to me, in which the disease had far advanced in the second stage—a cavity of small cavities having been produced in one of the lungs. These individuals remained there permanently, settling down into quiet life. They recovered so as to enjoy tolerable health—the cure taking place, as indicated by physical signs, much in the way Laennec has described, by the partial cicatrization of the cavities, which yielded a blowing, dry, amphoric sound. In one of these instances, the young man felt so much restored after a few years, that he hazarded a return to New England, for a permanent residence. But in less than a year, he was seized with a violent and unexpected hæmorrhage, and died soon after of ordinary phthisis.*

It is to be regretted that statistics upon this subject have not been made out; but as the matter now stands, the conviction left upon the mind of the medical enquirer and observer is full and clear.

* In citing these facts, I trust I shall not be misunderstood. I am very far from advocating the doctrine that all who have consumption in the first and second stages, can get well by living permanently at the South; but I do advocate that if benefit in these cases can be reasonably hoped for by this change of climate, this change should be permanent.

There is another fact, vouched for by an intelligent physician of Georgia, and which should be mentioned in this place. He affirmed to me that the negroes of Maryland and Northern Virginia, affected and broken down by pulmonary trouble, and perhaps scrofula, as shown by enlarged glands, &c., if sold to Georgia and other far Southern planters, soon improved, losing their symptoms, quite often recovering, and growing strong and fat.

I was also struck with the fact of the long duration of phthisis with those negroes of the South, who, from quite ill conditions of life, had contracted the disease. It seemed to run a light, lengthy form, although perhaps fatal in the end. I recall to my mind one instance, where I examined the chest of a negro having tuberculosis of the apices of both lungs, and a cavity in the left one. To the physician with me, I declared he would die in three months. But he affirmed that he would live two or three years, and that, as property, this probability of life would be admitted.

But I need discuss this matter no further. It now remains for me, in conclusion, to make a few general remarks.

The view I advocate is, that if a consumptive can reasonably expect benefit from a southern climate, his residence there must be permanent, and not migratory.

Besides the arguments already adduced in support of this view, it may be worth while to notice the testimony given me by those physicians residing in the winter resorts of northern consumptives. Generally, they say, they (the invalids) do not arrive there until actually driven by the cold weather of the North. As soon as the warm, delightful weather of April has come, and they are, if at all, in a fair way for permanent improvement, they are uneasy about their return North; and the occurrence of two or three quite warm days in succession, soon settles their determination. By early May they have left, looking much better than when they came. The ensuing winter they appear again, but it is evident they have lost ground during their absence; they return home again in early spring as before, and here often is the end of their migrations. Others, having the disease in a more chronic form, appear regularly for many years; but at last are not seen or heard of again.

I am aware that invalids, on going South, expect too much in the way of climate. They picture in their minds cloudless skies over a land of the cypress and myrtle, and which will immediately effect their restoration. I need scarcely say that in this they are doomed

to disappointment; and so it will always be, until the opinion is fully recognized—that it is not sunny skies that will alone benefit them, but rather a continuance under the aggregate of the influences of the climate.

At the present day numerous objections are raised by northern physicians against this southern migration. One class disapprove of it on the ground, both of the incurability of the disease, and a disbelief in warm climate, based upon an ill-digested theory, partly chemical and partly medical. Another class, and much the more numerous, although avowing a belief in southern climate, nevertheless quite object to the migration on the ground of humanity. They cry out against what they call the cruelty of sending people away from the comforts and attentions of home—and that too with a wide possibility to die among strangers. In its place they advise the patient to remain among the comforts of home—occupying a large chamber, which by various arrangements is to have a southern or summer atmosphere.

There is some force in a part of this objection, for sometimes there is great inconsiderateness in urging patients away. But, taken as a whole, it is not valid. Certainly no judicious person would advise the going away of a patient unable to bear the journey, or whose end is not far distant. But the conveniences of modern travel have taken away the former terrors of the transit. The journey now is easy and of short duration, and with mail and telegraph one can feel quite near home. With these conveniences there seems little necessity for the immuration of an invalid in a chamber—obliged all the while to take sedative medicines for cough—and however many and complete the home comforts, yet in a fair way to depress the nervous system, and enervate the whole body.

In no disease is there so much danger of over-medication as in consumption. Experience has shown, that as a disease primitively of nutrition, our object must be to strengthen the nutritive function, and to spare every unnecessary dose of medicine into the stomach, the tone and power of which must be carefully nursed by proper food. I need scarcely say that these relations cannot be carried out by a winter's residence at the North, however favorable the circumstances.

In cases where the symptoms are not immediately threatening, and the patient has remaining considerable physical power, so as to be about in an easy way without fatigue, it will generally, I think,

be judicious to advise, at least a winter's residence at the South, where one can be under the influence of pleasant days, and drink in balmy air instead of cough mixtures.

As to a summer's residence at the South, beside the objection of its being unnecessary, there is another generally urged—the enervating effect of its excessive heat. This objection is not well founded, and rests more upon ideas of a more southern latitude than any thing else. As to degree of heat, the mercury certainly rises higher in the New England than in the Southern States. For in these last it rarely exceeds ninety degrees, even in the hottest season. It is true that the hot season is long, and, in the low sandy regions, its effect is quite depressing. But possessing such a variety of climates as does South Carolina and Georgia, the invalid need not thus be endangered, for there are resorts midway between the low and the mountainous parts of both of these States, where the summer climate is indescribably fine, having, perhaps, no equal in this or any other country.*

But in advocating the necessity of a permanent southern residence for the consumption, I should be willing to do so only with some exceptions. There is a class of patients, generally of the so-called lymphatic and bilious temperaments, who bear heat badly; and what they gain in a decrease of local symptoms, they lose in general strength. I need scarcely say that this class of cases every where is the most intractible, and least amenable to treatment. It belongs to the judicious physician to perceive the relations of such cases, and advise accordingly.†

As to variety of climate and climatic advantages, the United States are certainly more highly favored than any country. If this fact is known generally, it is not appreciated. No invalid need cross the water; for in our own borders, among our own people, who speak the same language as ourselves, we can, by a journey of less than eighty hours, be in a clime certainly not surpassed by any of

* Such is the character of the climate of Greenville and its neighborhood in South Carolina, and of Stone Mountain, in Georgia. In fact there can be little doubt that the climate of both of these States is far better in summer for invalids than in winter.

† In this connection I may make a remark having an unrestricted application. It is in a disease so precarious as consumption, if an individual residing at the South is doing well, the wisdom of letting well alone and remaining there, should be recognized, however late in the spring the time may be. They should not act up to the dictates of a common theory, before they have tested its value in their cases, by individual experience.

the old world. Dissatisfied as the English are fast getting with their "sunny Italy," or their "beloved Madeira," it may not be regarded improbable that, when the communication shall have become easier and more direct, they will exchange these for the sunnier spots of Carolina and Georgia.

Boston, Sept. 13, 1852.—*Boston Med. and Surg. Journal.*

ART. III.—*Adhesive Plaster as a means of making Extension in the Compound and other Fractures of the Lower Extremity.* By S. D. GROSS, M. D., Professor of Surgery in the University of Louisville.

UNIVERSITY OF LOUISVILLE, Sept. 27th, 1852.

To the Editors of the Medical Examiner :

GENTLEMEN :—Will you be so kind as to grant me a little space in your valuable Journal for a few remarks on the subject of Adhesive Plaster, as a means of making extension in compound and other fractures of the inferior extremity ? I am induced to ask this favor, because the origin of this mode of treatment, which has lately attracted considerable attention, and which has been adopted with great advantage, in several sections of our country, has been ascribed to a gentleman who is in nowise entitled to the credit of it, if credit it deserves.

In my work on the "Anatomy, Physiology, and Diseases of the Bones and Joints," composed within a few months after I was invested with the honors of the Doctorate, and published in Philadelphia in the summer of 1830, is the following passage :—"In complicated fractures of the leg, it not unfrequently happens that the soft parts about the ankle are so much contused, or otherwise injured, as to render it impossible to employ the usual extending bands. When this is found to be the case, the difficulty may usually be remedied by applying along each side of the leg, as high as the seat of the fracture will admit, a piece of strong muslin, about two feet and a half in length, two inches and a half in width, and spread at one of its extremities with adhesive plaster. The part which is applied upon the limb should be confined by three or four circular strips, so as to keep it firmly in its place, and equalize the extending power. The free extremities of the extending bands should then be tied under the sole of the foot, and be secured to the block or bar which connects the lower ends of the splints. This mode of making

extension, for which we are indebted to the ingenuity of my friend and perceptor, Dr. Swift, of this place, will, I am fully persuaded, be found highly useful in practice, and satisfactorily obviate the inconveniences to which I have alluded."

At the time of writing the work here quoted, I was spending a few months at Easton, Pennsylvania, where I had an opportunity of witnessing the excellent effects of this mode of management. Since that period I have omitted no opportunity of employing it in my own practice; and I have never failed, during the last thirteen years, to speak of it prominently before my classes in the University of Louisville.

Dr. Sargent, in his excellent little work on "Bandaging and other Operations in Minor Surgery," ascribes the credit of this method of extension to Dr. E. Wallace, of Philadelphia; and the same statement is reiterated in that gentleman's edition of Mr. Druitt's *Surgery*, published in Philadelphia in 1848.

Within the last two years, Dr. Josiah Crosby, of New Hampshire, has published a short account of this mode of treatment, in the *New Hampshire Journal of Medicine*, illustrated by several cases, in which it appears to have been adopted with the happiest effect. In one of these, a compound fracture of the tibia and fibula, the counter-extending band was applied to the upper part of the leg, and the extending band to the lower part of the leg and foot; the plan answered most admirably, and caused not the slightest inconvenience to the patient. Dr. Crosby states that he has healed two cases of fracture of the clavicle in children two years of age, with nothing but adhesive strips, with as good success as he ever had with the old methods, and with half the trouble. The same mode of treatment has been lately employed with great success in the New York Hospital, in fractures of the inferior extremities.

My conviction is that this plan of making extension deserves to be much more extensively employed than it has hitherto been by my professional brethren. It is particularly applicable to compound and complicated fractures of the leg, but it may also be advantageously resorted to in all cases of the fracture of the leg and thigh, in which, on account of injury, excoriation, disease, or excessive morbid sensibility of the ankle, heel, or instep, it is impossible to use the ordinary extending means.

The limb should always, as a matter of course, be shaved before the bands are applied; and the substance of which these bands are

composed should be of the most pliant and unyielding character. The adhesive plaster should also be of a very superior quality. The circular strips should not completely encircle the limb, lest they impede the return of the venous blood, and the leg should be carefully bandaged from the toes up, as in the ordinary mode of treatment.

I am, gentlemen, very respectfully,
Your friend and obedient servant,
S. D. GROSS.

PART THIRD.

FOREIGN INTELLIGENCE.

MIDWIFERY.

ART. I.—*On the Management of Women after the cessation of Menstruation.* By Dr. E. J. TILT.

[The superabundance of blood and nervous energy after the cessation of the menstrual flow, may be safely and effectually kept down by the habitual use of small doses of purgatives; and as they may have to be continued some length of time, it is best to consult the patient as to what medicine would be best tolerated. The purgative to be used depends upon the constitution of the patient. Perhaps the best is some mild purgative which has been found to agree with the patient. Dr. Tilt continues:]

I frequently prescribe the soap-and-aloes pill of the Edinburgh pharmacopœia, ordering five or ten grains to be taken with the first mouthful of food at dinner. Hemorrhoidal affections I have never seen *caused* by this frequent use of aloes, but I have seen them relieved by it; and as I read in Giacomini's treatise on materia medica, my experience on this point is confirmed by that of Avicenna, Stahl, Cullen, and his own, so I think there must be some exagger-

ation as to the extraordinary property generally ascribed to this valuable drug, which can be associated with hyosciamus, and is thus said to be less liable to induce piles. Kemp and Hufeland recommend the following powder to be given to those who are advanced in years, and who complain of a tendency to vertigo :—Guaiacum resin, cream of tartar, of each half a drachm, to be taken at night. This no doubt, will sometimes be found a useful laxative ; so will the popular remedy called the Chelsea Pensioner, of which Dr. Paris gives the following formula in his excellent pharmacologia :—Of guaiacum resin, one drachm, of powdered rhubarb two drachms, of cream of tartar and of flour of sulphur, an ounce of each ; one nutmeg finely powdered, and the whole made into an electuary with one pound of clarified honey ; a large spoonful to be taken at night. I generally administer the flour of sulphur alone, or else to each ounce of it add a drachm of sesqui-carbonate or of biborate of soda, and sometimes from five to ten grains of ipecacuanha powder. One to two scruples of these powders taken at night in a little milk, is generally sufficient to act mildly upon the bowels, and I consider such combinations as very valuable when a continued action is required.

I feel obliged to class sulphur among the purgative remedies, because such is its visible action, but I believe it owes its chief virtue in diseases of cessation, to another action, much more difficult to understand, and which has long rendered it so valuable both in hemorrhoidal affections, where there is an undue action in the intestinal capillaries, and in skin diseases marked by a morbid activity of the cutaneous capillaries. Whether sulphur cures by acting on the nerves, or on the blood vessels, or by modifying the composition of the blood itself, it is difficult to tell, but it does certainly cure the diseases I have enumerated. It forms part of the many popular remedies for the infirmities of old age, was recommended by Hufeland, and is lauded by Dr. Day in his work on the diseases of old age, but its utility is not known in all derangements of the menstrual function, at whatever period of life they may occur, and particularly at the change of life, where, if required, its action may be continued with impunity for months and years.—*Provincial Med. and Surg. Jour.*—*St. Louis Medical and Surgical Journal.*

PHYSIOLOGY.

ART. II.—*On the Function of the Spleen and other Lymphatic Glands as Secretors of the Blood.* By Dr. J. H. BENNETT.

Dr. Hughes Bennett here treats of, 1. The relation between the colorless and colored corpuscles of the blood; 2. The origin of the blood corpuscles; 3. Their ultimate destination.

1. *Relations between the Colorless and Colored Corpuscles.*—Dr. Bennett believes, with Mr. Wharton Jones, that the colored corpuscle is merely the liberated nucleus of the colorless cell. The transformation takes place in the following manner: The colorless cell may frequently be seen by the aid of acetic acid, to have a single round nucleus; but more commonly the nucleus is divided, each half having a distinct depression, with a shadowed spot on the centre. Occasionally, before division takes place, the nucleus becomes oval, elongated, and sometimes bent, or of a horse-shoe form. It may be divided into three or four granules. These stages are figured by Dr. Bennett; they were discovered by him in his interesting observations on leucocythemia, and in experiments on mammals, birds, reptiles and fishes.

He does not believe with Mr. Wharton Jones, that all the nuclei forming the colored corpuscles, in mammals, should necessarily be provided with a cell wall. Many, however, do proceed beyond this point, and may be seen to have cell walls; the nuclei, in such cases, increase endogenously, by fissiparous division, and, on the solution of the cell wall, become colored blood-discs. In fishes, reptiles and birds, the colored blood-corpuscles are nucleated cells, originating in the blood glands.

2. *Origin of the Blood-Corpuscles.* This, (as was enunciated many years ago by Hewson,) is to be looked for in the lymphatic glandular system, under which head are included the spleen, thymus, thyroid, supra-renal, pituitary, pineal, and lymphatic glands. Nuclei and nucleated cells are found in these bodies, and Dr. Bennett's observations on leucocythemia have shown that an increase of colorless cells in the blood is connected with enlargement of the spleen and other glandular organs. The blood of the splenic and

portal veins is always richer in colorless corpuscles, than that of the systemic circulation ; and in young animals, in which the thyroid thymus, and supra-renal glands are most fully developed, the blood contains most colorless corpuscles. Moreover, in a case of enlargement of the thyroid body, this organ contained cells and nuclei of much smaller size than usual, and corresponding cells and nuclei were found in the blood. In another case, the colorless corpuscles in the blood were of two distinct sizes, corresponding with a similar appearance in the corpuscles of the lymphatic glands. It is difficult to determine how the corpuscles find their way from the lymphatic glands into the blood ; but Dr. Bennett suspects that there must be a direct venous communication. He believes that if he has established that, the corpuscular elements in the so-called blood-glands, are transformed into those of the blood, it will follow that the lymphatic glands secrete the blood-corpuscles in the same as the testes secrete the spermatozoa, the mammæ the globules of the milk, or the salivary and gastric glands, the cells of the saliva and the gastric juice.

The most probable and consistent mode of origin of the corpuscles is in an organic fluid, by the production of molecules, the successive development and aggregation of which constitute the higher formations. Multitudes of free nuclei join the blood, and are at once converted into colored blood-discs ; and their cells circulate for a time, when their walls are dissolved and their nuclei become colored. The number of colored corpuscles in the blood increases in proportion to the development of the lymphatic glandular system in the animal kingdom, and Mr. Drummond and Dr. Bennett have observed that the nuclei in the spleen, varying in size in different animals, correspond with the nuclei of the blood-corpuscles.

Ultimate Destination of the Blood-Corpuscles. Dr. Bennett believes that the blood-corpuscles are dissolved, and, with the effete matter absorbed from the tissues around the lymphatics, constitute blood-fibrin. Zimmerman believed that fibrin resulted from the metamorphosis of the textures. The arguments which support this view, appear to Dr. Bennett to be unanswerable. There is no fibrin in the chyme, very little in the chyle, less in carnivora than in herbivora. There is no fibrin in the egg, nor in the blood of the foetus, and very little in the new-born infant. On the other hand,

all those circumstances which cause exhaustion of the textures, or increase the amount of absorption, augment the quality of the fibrin; as after inflammatory or other exudations, starvation, violent fatigue, pregnancy, and frequent bleeding and hemorrhage. The amount of fibrin in the blood seems out of proportion to what would be required for textural nutrition. Increase of fibrin is also accompanied with diminution of the red corpuscles: hence it appears probable that fibrin results from a solution of the blood-corpuscles, conjoined with the effete matter derived from the secondary digestion of the tissues, which is not converted into albumen.—*London Journal of Med., from Month. Jour. Med. Science.—Charleston Med. Journal.*

PRACTICAL MEDICINE.

ART. V.—*Colloquia de Omnibus Rebus.*—Coll. V.—*De remediis Novis, specifiis, diabeticis, etc.*

The introduction of dramatic composition into medical literature, is somewhat of a novelty—an *innovation*—but it has, at least, the advantage of serving to relieve the dull uniformity of a style which generally characterizes the contributions to a medical Journal. The reader, at all events, will not be likely to take exceptions to the following colloquy, nor to others of the same sort, when he learns that it is taken from the Edinburgh Monthly Journal of Medical Sciences, and that the *Dramatis Personæ* are as follows:

<i>Obstetricus</i>	PROF. SIMPSON.
<i>Chirurgus</i>	PROF. SYME.
<i>Medicus</i>	PROF. CHRISTISON.
<i>Physiologus</i>	PROF. BENNETT.
<i>Chemicus</i>	PROF. MACLAGAN.
<i>Editor</i>	DR. WM. ROBERTSON.

ED. BUFFALO MED. JOURNAL.

Obstetricus (to *Chirurgus*.) Might a friend venture to inquire what has disturbed your equanimity this evening?

Chirurgus. Even yours would have been unsettled by the gentleman's story, who drove from my door as you arrived.

Chemicus. A tall, handsome young fellow. I wondered to see him leave your hospitable gate at such an hour.

Chirurgus. He is not in a condition to enjoy hospitality, and came here for a very different purpose. He is one of the

VICTIMS OF MERCURY. Passing through Edinburgh with a mercurial sore throat, a pocketful of mercurial prescriptions, and a mercurial belt, he felt uneasy travelling with three such unsafe companions, and came to see what I thought of him and them.

Chemicus. He would be surprised to learn that the root of his misfortune lay in his belt and recipes, and not in his throat.

Chirurgus. Very possibly. But I have not yet told you all. Led by incidental circumstances, he had been some time indulging freely in wine and wassail, and living a life of hard exercise and constant exposure. On expressing my wonder at this, he told me, to my consternation, that the London surgeon, who advised him to poison himself with mercury, had not put him on his guard, or under any rule or restriction, as to diet or regimen. You may judge what reason I had for appearing discomposed.

Chemicus. The traveller has cause to thank his stars and his constitution of "oak and triple brass," that he had not bid adieu to his nose and palate, at least. What a fearful amount of misery must arise from the wagon-loads of mercurial pills and potions which are administered in London to all sorts of weak and scrofulous victims of venereal disease! It is a subject of painful reflection to every mind not proof against every humane consideration.

Chirurgus. The *Athenæum* tells us the other day, that medical men "have a vested interest in fever and cholera; their estate consists in the foul places, the bad drains, the putrid heaps of the city grave yards" If this opinion, which is doubtless founded on acquaintance with the sentiments of the author's medical friends—should fairly represent the tone of metropolitan ethics, it would be unreasonable to expect the abandonment of the mercurial treatment of syphilis. But we must hope things are not quite so bad as they appear from the *Athenæum*. In every medical community there must be numbers of professional men who are not so blinded by the pursuit of gain, as to have their eyes shut to the truth, because it may affect their pockets. There are even some bright exceptions to the dogmatic mercurialism of London surgery.

Medicus. Do you mean to tell us, that, after what has been done

and written about syphilis and mercury during the last forty years, a London mercurialist is still the exception in London practice ?

Chirurgus. Certainly. Have we not perpetual proof of this in the contents of the London Medical Journals, and in such living illustrations as my belted traveler—whose case, I can assure you, is by no means a solitary one in my observation.

Medicus. This is deplorable. When I first went to London, in 1820, satisfied by frequent experience in our Infirmary here, of the soundness of the non-mercurial doctrine, first propounded by the medical officers of the army, and then systematized and powerfully advocated by Dr. John Thompson, I was shocked to find as pupil of one of the great metropolitan hospitals, its “foul-ward” patients salivating, many of them for the second, third and fourth time, and its surgeons ignorant or regardless of the glorious victory over mercury gained by our army surgeons, and conclusively followed up in the North. Returning thither in 1838, I expected to encounter truth at last in the ascendant ; but in vain. After the lapse of some eighteen years there were the same wards, the same foetid atmosphere, the same mercurial victims—other surgeons but the same ideas. It is possible that fourteen years more have wrought no decay in that old donjon keep of prejudice ?

Physiologus. I can add my testimony that matters were in the same state in 1833, having found in its attics the same sort of patients, and spit-boxes, and atmosphere, and notions, that year, while a pupil, as you did in 1820.

Obstetricus. When *Chemicus* and I accompanied the late Mr. Bransby Cooper at his visit in Guy’s Hospital, we ascertained that every surgical patient in the hospital was taking mercury in one shape or another ; and there is no reason to suppose that matters are any better yet, so far as syphilis is concerned.

Chirurgus. The more need, then, for us to show the contrast ; which the managers of the Infirmary have just put it in our power to do. The great additions now made in the new buildings, will afford ample accommodation for venereal patients, who for many years have been excluded from the hospital. We shall thus enable the student, as well as others, to learn from personal observation the truth of the principles, which have been so long taught and practiced in Edinburgh :—that “Hunterian chancres” and other primary affections may be cured by simple local treatment, without any mercury ; and that in most secondary cases, mercury, instead of

being an antidote for venereal affection, is another poison, and nothing else.

Editor. But would you consider so slight a matter as a Hunterian chancre a fit subject for hospital treatment? it is such a trifle now under the non-mercurial method.

Chirurgus. The more occasion to prove to our unbelieving neighbors that it is so.

Editor. And where will you obtain in Edinburgh secondary cases of such severity as to instruct pupils or convince skeptical Southrons?

Chirurgus. Edinburgh can still supply a few of indigenous growth, thanks to one or two surviving home believers in the specific virtues of mercury against syphilis; and any want of native produce will be amply made up by arrivals from other parts still groaning under the mercurial curse.

Editor. To what do you ascribe so great a disregard of advancement in therapeutics, as this dogged perseverance of our London brethren in the mercurial delusion?

Chemicus. To metropolitan indifference for improvement originating from without; Roman contempt for every thing barbarian.

Physiologus. Don't you think it may be rather referred to the prevalence there of a blind, degrading faith in Specifics, of which this mercury in the cure of syphilis, has long been the chief?

Medicus. To both the one and the other concurrently, but at the bottom to an imperfect, unsound therapeutical education.

Chemicus. Why look farther than to metropolitan apathy toward "outside" improvement. For example, there has not been a single improvement of any importance made here in the treatment of diseases during the last five and twenty years that has been admitted into London practice, except tardily and imperfectly, if admitted at all.

Medicus. That is a bold proposition, yet true, and which, I doubt not, you can substantiate, if it be called in question. It may well rouse our metropolitan friends to serious reflection. But meanwhile, look a little beyond this state of things, and I think you will find its origin to be mainly a radical defect of tuition in therapeutics.

Chemicus. It was a marvelous step backward, when in 1850 the whole Boards of medical education in London, by incomprehensible common consent, reduced their requirements in materia medica to a course of lectures of three months.

Medicus. A heavy blow, and discouragement truly to therapeutics. And more than this: It is a proof to me that the nature and scope of therapeutics have not yet been duly appreciated in the London schools, or by the board of education there.

Is it possible to estimate too highly the importance of this branch of medical science? What is the ultimate object of medicine but the cure of diseases? What then ought to be the ultimate object of all medical education, if it be not the knowledge of the means of cure? To what purpose should we teach anatomy, physiology, chemistry—why pathology and diagnosis—if we did not possess remedies, medical and surgical, which we could put into the hands of students when so instructed? But fortunately we do possess them—indeed in too lavish profusion. And the best of them are hard to obtain, difficult to know, variable in quality, puzzling to select, nice to prepare, but above all most wonderful in action; energetic, multifarious, complex, versatile, and singularly influenced by co-operating circumstances.

The ancients knew all this: Therapeutics, indeed, with semiology constituted almost their whole circle of medical science. The early modern physicians knew it also: Witness Matthioli's great folio *Commentationes*, which went through eleven editions during half the sixteenth century. Alston, the first British professor of *materia medica* knew it. He stated it in this University in 1738, with a course of lectures of six months in duration, and I have never heard that either professor or student has since found the period too long. In all great medical schools of the present day, except one, the same opinion has prevailed. In Britain, under the united name of *Materia Medica*, on the Continent under the separate heads of Pharmacy and therapeutics, the means of curing diseases are taught in just equilibrium with the other branches of medicine. In London alone has it entered into the understanding of man to conceive that pharmacy, therapeutics, diet and regimen may be mastered by a student in sixty lectures. When, indeed, University College, and afterward King's College, were founded on the model of that of Edinburgh, an attempt was made to place the *materia medica* on a satisfactory footing, and other London schools followed the example. But after a twenty year's trial the attempt, it seems, has signally failed; and in 1850 both the London College of Surgeons and the Apothecaries' Company, reduced their requirements in *materia medica* to the old miserable standard.

Chirurgus. Possibly they thought that all which is at present positively ascertained on the subject, may be taught in three months.

Chemicus. If professors of medicine and surgery were to teach only what is positively known in their several departments, few of them would require more time. It is the very uncertainty of *materia medica*, and especially of therapeutics—the number of doubtful points to be discussed, the quantity of falsehood to be cleared up, the amount of fashionable humbug to be exposed, that entail the necessity of deliberate tuition.

Medicus. Exactly so. But unfortunately, in the London system there has long been no time left for any thing but hasty tuition in this and some other equally important branches. The dominant influence of the College of Surgeons as an educational body; the partial, narrow views of their Council, who now, as in time past, will look to nothing but anatomy and surgery, as deserving of earnest attention have been the main cause of this. With the Council of the College, anatomy and surgery have been every thing; at least every thing else is little more than nothing. Even physiology and pathology by their regulations mere offsets or appendages to anatomy, and to be taught as branches of it; a very natural error for a body composed entirely of hospital surgeons and lecturers on anatomy and surgery, and in which no other branch of medical science or art is represented. And as for the Apothecaries' Company, it is easy to see why they do not encourage the science which they ought peculiarly to foster; they cannot even yet overcome the old hallucination that apprenticeship is education, and that a student, who is constantly handling drugs, must necessarily come to know all about them.

The consequences of all this might have been foreseen. What their directors undervalue, students do not prize. What the magnates of the profession do not cherish, the masses neglect. Therapeutics has ceased to be an object of inquiry, or is cultivated without method or principles. No one seems to care to improve our knowledge of old remedies. There is an incessant thirst for new ones. But these are sought for by the rule of chance; and not so much because they are needed for the purpose to which they are applied, and for which there is no want of acknowledged means; but apparently to satiate a morbid public craving for novelty, or to serve as a periodical invitation and advertisement. A wide-spread empiricism

broods over medicine, penetrating even into high places; and quackery of all kinds grows rank under its shade, pervading even the regular profession.

Obstetricus. You take a gloomy view of things. But the very magnitude of the evil will by and by work out its own reformation.

Medicus. It is not easy to avoid despondency, when one beholds, in relation to so essential a branch of medical science and practice, the ignorance of the profession, the advance of quackery, the sneers of the public; and the apathy of our medical rulers.

Chemicus. "Apropos des Charlatans," I see.

* * * * *

TREATMENT OF DIABETES.—Having attained something like a true pathology of the disease; having discovered that it is not a disorder of the kidneys, but a depraved digestion; and having ascertained the chemical composition of all the principal articles of man's food; by theory it was at once inferred, that a number of old remedies in the shape of physic, and many new ones still proposed from time to time may be allowed to sink into oblivion. By theory, too, we know that a peculiar regulation of the diet constitutes the only sound treatment; and we know also what articles compose that diet, thus already making a great stride towards the cure. For, by the substitution of gluten-bread and cakes made of bran, butter, and eggs, for ordinary bread and other farinaceous food, and by allowing such vegetables as spinage, cauliflower, brocoli, and cabbage, which contain little or nothing capable of conversion into sugar, we have rendered a permanent nitrogenous diet practicable, which it was not before, and so we effect sometimes a cure, and often a most material amendment, which may be maintained indefinitely by due dietetic observance.

Obstetricus. Have you seen any one recover entirely in that way?

Medicus. A gentleman of sixty-five recovered entirely three years ago, and continues well, unless he exceeds at table; and another of twenty-five, and a third, a boy of thirteen, are greatly improved; the latter, indeed, might be thought in all respects well, except that the urine continues saccharine.

Obstetricus. Although we do not now know any medicine to improve this state of things by directly controlling the morbid peculiarity of digestion which constitutes the disease, who knows that theory may not soon direct us to one?

Medicus. It is much more likely to do so than empirical trial, that is, accident, which has been hitherto followed as the main guide. Indeed, I know not but it may have pointed out a remedy already. At least I have just received some very apposite information, which may interest you, relative to an entirely new remedy, derived strictly from theoretical considerations—viz :

THE TREATMENT OF DIABETES BY RENNET, which seems to promise well. Dr. Gray, of Glasgow, was lately induced to make trial of this substance by the following theoretical views. Diabetes consists in the process of digestion stopping at the conversion of other organic principles into sugar, which cannot be oxidated in the lungs, and is therefore thrown off as excrementitial by the kidneys. But rennet out of the body converts sugar into lactic acid, and it may do so within the body likewise. Should such conversion take place, however, the disease will be brought to an end, if Leibig be right in his opinion, that lactic acid is one of the principles of the organic world which can support respiration, by becoming oxidated in the lungs. Resting on these views, Dr. Gray tried rennet in the case of a patient so much reduced by diabetes, of at least twelve months standing, as to be unable to work. Dietetic treatment had been only of partial benefit. Medicines of various kinds had been of little use. The urine was copious, 1045 in density, and strongly saccharine. On the 30th of last July, a teaspoonful of rennet, prepared as for the dairy, was given thrice a day. In eight days the density of the urine was reduced to 1025, and it contained lactic acid, but only a trace of sugar. In twenty-five days the quantity was sixty-four ounces, the density 1022.5, and the sugar gone entirely. In six weeks the urine continued free of sugar; the man had gained weight considerably; his strength was such as to enable him to return to his employment; he thought himself in as good health as before his illness; and nevertheless he had been ten days on nearly his usual allowance of wheaten bread.

Now, I am far from meaning to say, nor does Dr. Gray say, that rennet is thus proved to be a remedy for diabetes by its apparent success in a single case. But it is surely the most feasible remedy that has been proposed for many a day; so feasible, that I hope many will give it at once a fair trial, which is his object in allowing

me to give this brief notice of it to you all. Should it prove as successful in other hands as in his, we shall owe another therapeutic discovery to therapeutic theory.

Obstetricus. Were all inventors in materia medica as well trained in therapeutics as Dr. Gray appears to have been, we should have fewer new remedies to deal with, and probably more good ones. It is certainly a striking confirmation of your criticism on London therapeutics, that among the many new London remedies, not one has been announced for some years, which has stood the test of experiment elsewhere.

Medicus. A very natural consequence of the contempt manifested every where in London for therapeutic instruction. By the way I forgot to advert to a most extraordinary circumstance connected with the discountenancing of this branch of medical knowledge by the London boards of education, viz: the complete and universal silence and submission with which their degrading regulations have been received. Not a single teacher has publicly uttered a single remonstrance. Not a journal has issued one word of criticism. Therapeutics, it seems, has not a patron in the whole metropolis. But enough of this for the present.

Physiologus. You mentioned a little while ago that we had arrived at something like a sound pathology of diabetes, and that it seems to be a disease of digestion. But you are aware that this view may require revision, since the recent discoveries of M. Bernard, relative to the functions of the liver, by which he has proved that

SUGAR IS A NATURAL PRODUCT OF THE LIVER.

Medicus. That is possible. We do not yet see how the singular observations of Bernard are to affect the pathology of diabetes; but that they must have important bearings on it we can scarcely doubt. His inquiries have received too little attention in this country as yet. You have studied them carefully, and indeed have witnessed its leading experiments. Will you give us some account of them?

Physiologus. Within the last two years M. Bernard has brought forward a theory as to the production of sugar in the blood, which is supported by an amount of experimental proof that cannot be easily set aside. He admits that sugar may be formed in the process of digestion, and that a certain amount of it may, as the result

of absorption from the alimentary canal, find its way into the blood. But he has shown that in man, and animals of various orders, even so low down in the scale of creation as acephalous mollusca—if they are even fed entirely upon flesh—the blood from the hepatic vein invariably contains sugar. It is the result, however, of digestion of the food : for it disappears when an animal is starved, and it reappears when the food is again given. He further observes, that sugar is found in the liver independently of the nature of the aliment. In dogs fed exclusively on animal food for several months, though he could find no sugar in the intestines or portal blood at its entrance into the liver, he always found it in the liver itself, and in the hepatic vein. In the spring of 1851 M. Bernard was good enough to perform the following experiment in my presence, during a visit I paid to Paris: A ligature was tied round the vena portæ where it enters the liver, and the dog was immediately killed by dividing the medulla oblongata. On opening the abdomen, the portal blood below the ligature, and blood from the hepatic vein, were immediately collected in separate glass vessels ; and it was at once demonstrated, by applying the same test to both, that the latter contained sugar in abundance, but the former none. Sugar was also found in water in which a piece of the liver had been boiled in chips. Such an experiment seems decisive of the fact, that sugar is formed in the liver, and not conveyed to it with the blood through the vena portæ. Subsequently M. Bernard found that sugar is formed even by the foetal liver ; for he detected it in that organ both in mammals at different stages of intrauterine life, and in birds before being hatched.

In all cases the sugar so formed presents the characters of grape-sugar. In all cases it is quickly decomposed on coming in contact with the blood and animal tissues. Hence, even in the livers of animals, it can be discovered only for a short time after death.

Mr. Bernard next discovered, that section of both pneumo-gastric nerves, as well as any violent shock to the nervous system, destroys the power of the liver to form sugar. The most interesting, however, of his observations, and that which bears most pointedly on the pathology of diabetes, is, that irritation of the root of the pneumo-gastric nerves in the fourth ventricle of the brain increases the formation of sugar in the liver, and causes it so to abound in the blood that is secreted with the urine ; in short, this operation produces artificial diabetes. M. Bernard showed me this remarkable experi-

ment. Having squeezed some urine from the bladder of a healthy rabbit, he proved that it did not contain sugar. He then passed a needle through the skull in such a way as to irritate the pneumo-gastric roots, and let the animal rest for an hour after the slight convulsions excited by the injury. Sugar was then found largely in its urine. On then killing the rabbit, it was found that the needle had wounded the intended part. I have since repeated this interesting experiment, with the same result; and so has my former assistant, Dr. Drummond: so there can be no doubt of it.

Medicus. It has also been lately repeated with success in many trials by Dr. Schrader, as announced to the Royal Society of Sciences at Gottingen, in the beginning of the present year.

Physiologus. M. Bernard has since informed me of the results of his farther researches on this subject. He has now discovered, that, although section of the pneumo-gastric nerves destroys the formation of sugar in the liver, it is restored by artificially irritating their cut extremities; and that diabetes is produced exactly in the same manner as by irritating their origins in the brain. He was therefore led to conclude that the nervous action on the liver, necessary for the secretion of sugar, is not direct along the pneumo-gastrics, as he formerly supposed, but indirect, or reflex, through these nerves as incidents, the medulla oblongata as the center, and the spinal cord communicating with the solar ganglion as the excident channels of communication. And following out this theory, he likewise found that whenever the respiratory function is violently stimulated, sugar appears in the urine, and that whenever ether or chloroform is given, a temporary diabetes is occasioned. It follows that the formation of sugar by the liver is analogous to those kinds of secretion which are produced by reflex action through the agency of a sympathetic ganglion, and the influence of certain stimuli—such, for instance, as the secretion of saliva caused by the presence of sapid bodies in the mouth, where the sensitive and moter branches of the fifth pair operate in a reflex way through the agency of the submaxillary ganglion. In this case, stimulating the tongue is necessary to cause a flow of saliva; and in like manner, a certain stimulus of the lungs (normally by the air) is necessary to cause the formation of sugar by the liver. M. Bernard farther supposes, that in the same way that the lungs thus act by reflex nervous influence on the liver, so does increased action of the liver act upon the kidney; consequently, that the sugar, produced in excess by one organ, is excreted by the other.

Such is the present state of the question. Various pathological considerations might be stated which seem to show that Bernard's liver theory of the origin of diabetes is as consistent with facts as the theory which ascribes it to disorder in the stomach. But further inquiry is necessary before we can positively settle the real cause of that very mysterious disease. Meanwhile, it is not easy as yet to see how the discoveries of Bernard will enable us to improve the treatment of diabetes, unless the well-known symptom of dryness of the skin, by exciting the lung to increased transpiration, be connected with the cause of the disorder, in which case diaphoretics, though they have been often used with some benefit, would be more strongly indicated. But I think something will be learnt on this head ere long.

Editor. Gentlemen, I must beg you to excuse me for breaking up this colloquy so soon. I must prepare for an early start to Rotterdam.

Physiologus. And I to Paris.

Chemicus. And I to the Doune of Rothiemurchus.

Chirurgus (aside.) And *Medicus, Obstericus*, and I, to the top of The Cobbler.—*Edinburgh Monthly Review.*

ART. VI.—*On the Treatment of Typhus and Typhoid Fevers.* By
DR. TODD.

The general principles contained in this brief article, will be found to accord in a striking manner with the views relating to the same subject submitted by us in former numbers of this Journal.—*Editor Buffalo Med. Journal.*

One important feature of fever, whether it be Typhus or Typhoid, whether diarrhœa be present or not, is *depression*. The disease is adynamic, and great attention must therefore be paid to supplying the patient with a proper nutriment. The basis of his diet should be proteinaceous matters, in such a state that the stomach shall have little or nothing to do to bring them to a condition fit for absorption. In the animal broths, well made, and in milk, you have food which answers to this description. The former, on the whole, are probably the best. Milk is less easily digested, and does not always harmo-

nize with other matters necessary to be given. Farinaceous matters may also be introduced in small quantities. A great secret of success in administering support to patients under these circumstances is this—to give it very frequently in small quantities—quantities so small, that the whole or a greater part of one supply may be absorbed before the next supply is brought; and also not to give a variety of food. Keep to milk and beef tea, or other broth, or to broth and farinaceous matter.

In the great majority of cases you must, I think, give stimulants, and give them early. They will often fail because begun too late. The best stimulants are brandy and port wine, with either of which chloric ether will go as a medical stimulant; any one of the three will often suffice alone. Port wine and brandy ought not to be given together, simply because in general the stomach does not digest well too kinds of stimulants. The same rule as to frequent administrations, and in small quantities, which I have already laid down for food, holds with equal if not greater force in giving stimulants.

In my opinion, the question in the treatment of fever is, not whether you shall give stimulants, but how much you shall give. In many you may give as much as half an ounce every half hour, or even an ounce of brandy, with advantage; but this is in bad cases. On this point you must be guided by the rapidity and compressibility of the pulse, and by the intensity of the heart's action. An important character of the pulse is found in the manner in which it strikes the finger: if vasculating, it is a decided indication for the use of stimulants. The strength of the heart's action, especially of the second sound, is also a good indication. If either sound be weak, but especially the second, you need not fear to give stimulants freely. An impulsive character of the heart's action with a feeble sound, also denotes the use of stimulants. Under such a plan of treatment, in which nutritious foods and stimulants are given freely and from an early period, we find our mortality in fever to be small; we very seldom lose a case of fever. I do not allow myself to be deterred from giving stimulants by the state of the bowels; I know that many have a fear that much alcoholic stimulants irritates the bowels. If the alcohol be given in small quantities each time, it cannot irritate it by direct contact, because it is absorbed before it reaches the intestines. Alcoholic stimulants, if not given too much at a time, are digested in the stomach, and the alcohol gets immediately ab-

sorbed and carried into the circulation. If it does harm, it does so from being in the blood; yet I must confess I have never seen satisfactory evidence of this.

We must also pay close attention to the bowels. If diarrhœa be present, it must be checked by those astringents which contain tannin; as the infusion or tincture of rhatanny, catechu, matico, of logwood, or you may give enemata with small quantities of laudanum. I find chalk often fails, and moreover it is liable to this objection, that as it does not dissolve, its particles may add to the irritation of the blood, by sticking in the ulcerated or inflamed patches. Counter-irritation over the abdomen by mustard, turpentine or blister, is also frequently of use. If there is hemorrhage, you may give small doses of turpentine, five minims repeated every three or four hours, and in such cases, turpentine must be used as an external counter-irritant to the belly.

Another feature in these cases is, the frequent occurrence of bronchitis or bronchial congestion, indicated by rhonchus and crepitation. The bronchial congestion and diarrhœa are frequently the most difficult symptoms we have to deal with in those cases in which we find maculæ. The bronchitis may be relieved by the free application of turpentine stupes or blisters to different parts of the chest, at the same time or in succession; and though in such cases we must carefully watch the effects of our stimulants, we must not think of lowering our patient by bleeding, or by the application of any antiphlogistic remedies.—*Medical Gazette*.

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—*Principles of Human Physiology, with their chief applications to Psychology, Pathology, Therapeutics, Hygiene, and Forensic Medicine.* By WM. B. CARPENTER, M. D., F. R. S. F. G. S., &c.—Fifth American, from the Fourth Enlarged London Edition, with three hundred and fourteen Illustrations.—Edited with additions by

FRANCIS GURNEY SMITH, M. D., Prof., &c. in the Penn. Medical College.—8 vo., pp. 1091. Philadelphia, Blanchard & Lea, 1853.

The profession of this country, and perhaps also of Europe, have anxiously and for some time awaited the announcement of this new Edition of Carpenter's Human Physiology. His former editions have for many years been almost the only text book on Physiology in all our Medical Schools, and its circulation among the profession has been unsurpassed by any work in any department of Medical Science. In consequence of the rapid strides made of late in Physiological researches, and the vast number of facts and theories having accumulated and not hitherto incorporated in his work, the author, to quote his own language, "was led to the determination of, in reality, producing *a new treatise*, in which only those parts of the old should be retained which might express the existing state of knowledge, and of his own opinions on the points to which they relate."

After giving an outline of the changes, additions, and corrections which he has seen fit to make, the author says finally, "It is in this chapter (XIV.) devoted to the functions of the Nervous System, which constitutes one-fifth of the entire volume, that the greatest additions and alterations will be found. This subject, in its Psychological, as well as Physiological relations, has occupied more of the authors attention than any other department of Physiology, and he now offers the more mature fruits of his inquiries and reflections with some confidence that, even if his views should hereafter require modification as to details, they will be found to be fundamentally correct, and to furnish materials of some value in Psychological inquiry as well as in the study of Mental Pathology,—a subject which is now receiving for the first time (in this country, at least,) the attention which its vast importance demands. The peculiar states which are known under the designations of Somnambulism, Hypnotism, Mesmerism, Electro-Biology, &c., are all considered in their relations to Sleep on the one hand, and to the ordinary condition of Mental Activity on the other. And the author ventures to claim that he has not only succeeded in throwing considerable light upon the aberrant forms of psychical action, but that he has been enabled to deduce from their phenomena some inferences of great importance in Psychological Science. He would particularly refer to all that of

Section 5 ("On the Cerebrum and its Functions") which relates to *Automatic* operations of the Mind, and to the relation of the *Will* to these, as the opening up of what he believes to be an entirely new line of enquiry."

It is quite unnecessary for us to speak of this work as its merits would justify. The mere announcement of its appearance will afford the highest pleasure to every student of Physiology, while its perusal will be of infinite service in advancing Physiological science.

The well known publishers have manifested their usual liberality in its mechanical execution and in its distribution among the editorial fraternity. May they reap a rich and deserved reward.

Sold by Burr & Randall, Columbus, O.

2.—*A Practical Treatise on Diseases of the Skin.* By J. MOORE NELIGAN, M. D., M. R. I. A., Lecturer on Practice of Medicine in the Dublin School of Medicine. 12 mo., pp. 333. Philadelphia, Blanchard & Lea, 1852.

This is a very companionable little hand book on diseases of the skin. The work is divided into fourteen chapters, each embracing a class of cutaneous diseases. From the examination we have been able to give it, we are favorably impressed with its merits. The style is simple and concise—every disease being lucidly described and systematically arranged. We observe one trait in the book which we like very much. A great many species of cutaneous diseases, very learnedly described by Willan, Bateman, and others, whose display is sufficient to cool the ardor of any young dermatologist, are consolidated into a smaller number. This simplification renders their study and diagnosis much less arduous and difficult. The author, whose acquaintance we had the pleasure of making while in Europe, is the able editor of the Dublin Quarterly Review, and stands high among his professional brethren at home. Though but a young man, his opportunities have been ample, and we deem him good authority on any Medical subject on which he may choose to write.

Inasmuch as diseases of the skin are very imperfectly understood by physicians generally, and for other obvious reasons, we advise all to purchase a copy and give it a thorough perusal.

3.—*A System of Operative Surgery, based upon the Practice of Surgeons in the United States, and comprising a Bibliographical Index and Historical Record of many of their operations during a period of two hundred years.* By HENRY H. SMITH, M. D., Surgeon to St. Joseph's Hospital, Assistant Lecturer on Demonstrative Surgery in the University of Pennsylvania, &c., &c. Illustrated by numerous Steel Plates—8 vo., pp. 807. Philadelphia; Lippincott, Grambo & Co., 1852.

This is truly an age of improvement. Our profession is not behind in the march. One discovery after another, and volume upon volume richly stored with new ideas that sparkle like gems, come in upon us in such rapid succession that we find ourselves unable to comprehend them all, or to do them justice before the public. Smith's work, the most *splendid* now extant on Operative Surgery, is out, and the first complete copy which made its appearance in our city is in our possession, and now before us.

The work is divided into Five Parts. Part I. describes "General Duties and Elementary Operations." This part embraces four chapters: I. General duties of an Operator. II. Elementary operations. III. Means of arresting Hemorrhage. IV. Duties of the Surgeon immediately after an operation. Part II. is divided into thirteen chapters: I. Surgical Anatomy of the Head. II. Operations on the Head. III. Operations on the Face. IV. Operations on the appendages of the Eye. V. Operations on the Eye Ball. VI. Operations on the Humors of the Eye. VII. Plastic Operations on the Face. VIII. Of the External Nose. IX. Of the Internal Nose. X. Of the Mouth. XI. Operations performed within the Mouth. XII. Resection of Bones of the Face. XII. Operations of the Ear.

Part III. embraces operations on the Neck and Trunk, and is divided into XVI. chapters. In the first we have described the Surgical Anatomy, and then follow complete descriptions of every Surgical operation, under all possible circumstances on that part of the body.

Part IV. illustrates the Surgery of the Genito-urinary Organs and Rectum, and is divided into VII. chapters.

Part V. displays the operations on the Extremities, and is divided into eight chapters.

We cannot give a full outline of this very elaborate and complete work—but we take pleasure in saying that it is better adapted to the

wants of the American practitioner than any which has preceded it in this or any other country. The author has adopted the French plan, wherein the method of all the principal Surgeons of the world are distinctly, accurately, and concisely described, so that the student can know all that is worth knowing in the history of operative surgery at a glance, and is enabled to decide for himself which is the most feasible in the case under consideration. All the plates seem to have been engraved upon steel. This must have been attended by a vast expense—but to the young surgeon it is a good investment, as the minutia of every part is most faithfully and beautifully described.

We have no hesitation in recommending this work in the very highest terms to those who desire to perfect themselves in this department of our profession.

For sale by J. H. Riley & Co.

PART FIFTH.

EDITORIAL AND MISCELLANY.

[The following ingenious and singular effusion has been placed in our hands by a chemical friend. We do not vouch that it has never been published before, but it will repay perusal during an idle moment. We are informed that it was actually written by a medical student some years ago in Philadelphia, but of the exact time of writing, or the name of the author, the deponent saith not.—*Stethoscope.*]

THE CHEMIST'S DREAM.—Methought I was exploring the hidden recesses of an extensive cave, whose winding passages had never before echoed to the tread of human foot. With admiration and delight I was gazing at the thousand wonders which the flashing torchlight revealed on every side, at each step of my progress, when a strange sound, as of the hum of many voices, fell upon my ear. What such a sound could mean in such a place, was more than I

could divine. Curiosity led me in the direction whence it came. The buzz of conversation, cheerful as it would seem from the occasional bursts of merriment that were heard, grew more and more distinct, until the dark and narrow passage I had been following suddenly opened upon one of those magnificent rock parlors, of whose grandeur and beauty description can convey but a faint idea. A flood of light illuminated the arching roof with the vast columns of stalactics sparkling with crystals that supported it, and was reflected with imposing effect from the huge streets of the same material, of the purest white, that hung from the ceiling in graceful but substantial drapery. I stood in one of nature's noblest halls, but not alone.

A strange company had gathered there. Black spirits and white, blue spirits and gray, were before me. A festive occasion had assembled, in joyous mood and holiday attire, the first born of creation—the *Elements* of things.

In dreams, nothing ever surprises us. It seemed perfectly natural to see these fairy forms in that strange grotto. So, accosting without hesitation the one nearest to me, I apologized for my intrusion, and was about to withdraw. From my new acquaintance, however, I received so cordial a welcome and so earnest an invitation to become a participator in their festivities, that I could not deny myself the pleasure of accepting the hospitality so kindly offered.

I was soon informed that some of the leading characters among the *Elements* had resolved some weeks previous upon having a general picnic dinner party. Sixty-three family invitations had accordingly been sent out—one to each of the brotherhood—and preparations for the feast made upon a most extensive scale. Sea and land had been ransacked for delicacies, and every thing was put in requisition that could contribute to the splendor of the entertainment or the enjoyment of the occasion.

At the hour I so unexpected came upon them, nearly all the guests, with their families, had assembled in the strange drawing-room I have described, awaiting the summons to the banquet.

Spacious as the drawing-room was, it was nearly filled with these interesting children of nature. And here they were seen, not as in the chemist's laboratory, writhing in the heated crucible, or

pent up in glassy prisons, or peering out of gas holders and Florence flasks, but arrayed in their beauty, each free as air and acting as impulse prompted. There were those present of every hue, every style of dress, every variety of appearance. The metals, the gases, the salts, the acids, the oxides and the alkalis—all were there.

From the mine, from the shop of the artizan, from the mint, from the depths of ocean even, they had come; and a gayer assemblage, a more animating scene, my eyes had never beheld. Many of the ladies of the party were most tastefully attired.

Chlorine wore a beautiful greenish yellow robe, that displayed her queen-like figure to good advantage. The fair daughters of *Chromium* particularly attracted my attention, with their gay dresses of the loveliest golden yellow and orange red. *Iodine* had just arrived, and was not yet disencumbered of an unpretending outer garment of steel grey that enveloped her person; but the warmth of the apartment soon compelled her to throw this aside, when she appeared arrayed in a vesture of thin gauze of the most splendid violet color imaginable. *Carbonic Acid* was there, but not clad in the airy robes in which I expected to see her. The pressure of the iron hand of adversity had been upon her, and now her attire was plain—simply a dress of snowy white—the best which the straitened circumstances to which she had been reduced allowed her to assume. Quite a contrast to her was her mother *Carbon*, whom you would have supposed to have been a widow in deep mourning, or a nun who had taken the black veil—so sable were her garments, so gloomy her countenance—had not her ear-rings of polished jet and a circlet of diamonds that glistened on her brow evinced that she had not altogether renounced the world and its vanities. The belle of the room appeared to be *Nitric Acid*, the graceful daughter of *Nitrogen*, airy in all her movements, and with dress of deepest crimson, that corresponded well with a lip and cheek rivaling the ruby in redness. Among the lady metals, too, there were many bright faces and resplendent charms; but I must pass on to a description of the gentlemen of the party.

Sulphur wore a suit of modest yellow plush, while *Phosphorus* quite disconcerted some of the most decorous matrons present, by making his appearance in a pair of flesh-colored tights.

Phosphuretted Hydrogen, or, as he is nick-named, “Will of the Wisp,” startled me, by flitting by in a robe of living flame, the

dress in which the graceless youngster is said to haunt church-yards and marshy places, playing his pranks upon poor benighted travelers. The king of metals, *Gold*, was arrayed in truly gorgeous apparel, though it must be confessed, there was a glitter and an air of haughtiness about him, from which you would turn with pleasure to the mild, sweet face of his royal sister, *Silver*, who leaned upon his arm, a bright-eyed, unassuming creature of sterling worth.

Mercury was there, as lively and as versatile as ever, a most restless being, now by the thermometer, noting the subterranean temperature, now by the barometer predicting a storm in the regions overhead, now arm and arm with this metal, then with that, and they all, by the way, save stern old *Iron*, had hard work to shake him off. A strange character surely was he—a philosopher of uncommon powers of reflection—the veriest busy-body in the world, well versed in the healing art, a practical amalgamatist—in short, a complete factotum. *Potassium*, though a decidedly brilliant looking fellow, manifested too much levity in his deportment to win respect, and was pronounced, by those who knew him best, to be rather soft. In gravity, *Platinum* surpassed all the rest, and in natural brightness was outshone by few. When *Oxygen* arrived, and his light, elastic tread was heard, and his clear transparent countenance was seen among them, a murmur of congratulation ran around the drawing-room, and involuntarily all assembled rose to meet him and do him homage. He was a patriarch indeed among them—literally a father to many of the youngest guests. His arrival was a signal of adjournment to the banqueting room, where of right he took his position at the head of the table.

Concerning the apartment we had now entered, I can only say it was grand beyond description. It was lighted up with the brilliance of noon-day by an arch of flame intensely dazzling, produced by a curious apparatus which *Galvanism*, who excels in these matters, had contrived for the occasion out of some materials which his friends *Zinc* and *Copper* had furnished him. Festoons of evergreens and wreaths of roses encircled the alabaster columns, and made the whole look like a hall in a fairy-land. But I must describe the table and its paraphernalia—the preparation of viands: I mean the baking, boiling, roasting, stewing, and the like, which had been committed to *Caloric*, who had long experience in that department. The nobler of the metals had generously lent their costly services

of plate, while *Carbon* united with *Iron* to furnish the elegant steel cutlery used on the occasion. *Alumina* provided the fine set of china that graced the table, and *Silex* and *Potash*, without solicitation, sent as their joint contribution, cut glass pitchers and tumblers of superior pattern and transparency. As among the sons of nature there is no craving for artificial excitement. *Oxygen* and *Hydrogen*, who by the way have done more for the cold water societies than Delevan and Father Mathew, were commissioned to provide the drinkables, and what beverage they furnished may be easily be conjectured. *Carbon*, with *Oxygen* and *Hydrogen*, found most of the vegetables, and *Nitrogen*, whose assistance as commissary here was indispensable, joined them in procuring the meats under which the table groaned. No taste but would be satisfied with variety—no appetite but would be cloyed with the profusion of good things. Though the liberality of the four that have been mentioned left but little for their associates to contribute, still some individual offerings to the feast deserve to be mentioned. Thus, the oysters, *Carbonate of Lime* had sent in the shell; the pyramids of ice cream for the desert was provided by the daughter of *Chlorine* and *Hydrogen*, the bride of *Sodium*, who was out several hours in the snow engaged in freezing them, and the almonds and peaches came from the conservatory of *Hydrocyanic Acid*, the druggist.

After grace had been said by *Affinity*, who is a sort of chaplain to the *Elements*, having officiated at the weddings of all the married ones of the company, a vigorous onset was made upon all the good things before them. At first, all were too much engaged for conversation; but the desert appearing at last, as they cracked their nuts, the jests too were cracked. Toast and song were called for, and wit and innocent hilarity became the order of the day. Even *Oxygen*, who had presided with such an air of dignity, relaxed from his sternness, and entertained the younger ones at the table with many a tale of his mischievous pranks in the days of old father *Chaos*, when *Time* and himself were young. Strange tales they were, too, of earthquakes with which *Hydrogen* and he would now and then frighten the *Ichthyosauri* and *Magatheria* of the ancient world, and of conflagrations comical, as of old *Vulcan's* tongs and anvil, kindling them before his eyes with the very bolt he was forging. This, however, he added, with a sly glance at his old partner *Nitro-*

gen, who sat near, was before marriage had sobered down his spirits and tamed his impetuosity.

I have no space to chronicle more of the freaks of *Oxygen's* early youth, nor any of the sayings and doings of others of this memorable night's party, else I might relate the marvellous story *Nickel* had to tell about the manner in which he managed to deceive and wrong the miners of former days, by making them believe that he was the parent of *Copper*, until at length they concluded that he was an evil spirit, whose sole object was to interrupt their operations. I would tell too of the drolleries of *Nitrous Oxide*, that funniest, queerest, craziest of youngsters, and how *Phosphorus* made a flaming speech, and *Potash* a caustic one, and how *Mercury* proposed as a toast, "the medical profession," to whom we say "use us but don't abuse us." I must speak however of a curious by-scene I chanced to witness. It was a flirtation that *Platinum* was carrying on with *Hydrogen*, whom, much to my surprise, I found seated up among the metals, and quite at home among them too. There was quite a contrast between *Platinum*, grey, heavy, and dull as he was, and the light and buoyant creature by his side, but there soon seemed to be evidence of some mutual attraction between them.

So passed the evening ; all went on "merry as a marriage bell," with nothing to mar the good humor that prevailed, until in an evil hour *Sulphuretted Hydrogen*, a disagreeable fellow, against whose appearance at the banquet most of the company had protested, entered the apartment with a very offensive air. In an instant the whole family of metals, to whom he is particularly obnoxious, changed color. *Lead* fairly grew black in the face with indignation ; *Arsenic* and *Antimony* seemed to be jaundiced with rage ; *Ammonia*, to whom his presence recalled very unpleasant associations, in trying to avoid him, precipitated several metallic oxides on the floor, while *Chlorine* with more self-command than the rest, advanced with a firm step to expel the intruder, looking as if she were about to annihilate him on the spot. Well, at this crisis, he spied *Nitric Acid* ; and knowing that his destruction was certain, if they should come in contact, he at once withdrew, very much to the satisfaction of the whole company.

How the scene might have terminated I know not, for just at that moment a strange sound of awful import, like the trampling of a

mighty host, came to my ears. I felt sure it was an earthquake's voice, and that now my fate was sealed. My knees tottered under me—the arching grotto and festive board gradually vanished from before my eyes, which opened upon the class as they were leaving the laboratory of our worthy professor of chemistry, where, it seemed, much to my confusion, I had fallen asleep during the lecture, and

“D dreamed a dream in the midst of my slumbers.”

S. R. H.

ECLECTIC ASSOCIATION.—The following sarcastic Review, taken from the Transylvania Medical Journal, which we strongly suspect was written by its late able editor, is too just to be passed over unnoticed. The Eclectic Fraternity is making some progress, and a few of its members are men of some genius and education, but all their professional acquisitions are *stolen* from regular medicine. Their originalities, which in all conscience are sufficiently abundant, are well set off by our Kentucky friend.—EDITOR.

REVIEW.

Transactions of the National Eclectic Medical Association, at its Third Annual Meeting, held at Rochester, N. Y., May 11, 1852, together with the Accepted Reports presented by the Members.

An apology is due from us, for having so long a time neglected to notice the brochure, the title of which is given above. Eclecticism is one of the modern family of *isms*, the definite characteristics of which we have never been able to learn, and we hailed the appearance of this volume of 170 pages with unusual pleasure, because we anticipated that now the indefinite and obscure claims of superiority which had been clamorously asserted, were about to assume distinct form and tangibility, or that we had before us the key to the oft repeated but as yet unanswered question, “What is Eclecticism?” We shall see in the course of the brief review which we design to make of this volume, which may be regarded as the formal

exponent of the great modern system of medical Eclecticism, what answer is given to the oft recurring interrogatory. The preface of the fair yellow-backed volume informs the reader, "by way of explanation, not of apology," that the authors of the different reports did not prepare those reports for publication, and that the separate papers do not possess that high finish which they would have had, provided the writers had been aware of the fact that the immortality of print awaited them. They are to be received merely as the mis-carriages of the several labors, and as the first abortive fruits of a great result, which by a process of involution is to be, at some future day, devoted to new and more perfect regeneration.

The present publication is made "because of the increasing popularity of our principles, and the growing demand for light in relation to them by the people. If another reason be demanded, we find it in this—that the time has arrived when the young *Eaglet* must soar and take his place even above the birds of the more practiced wing, and in the clear, upper atmosphere of truth and truthful success." The figure of the Eclectic preface is as false as the claim of the system among the fair sisterhood of the Sciences. The eaglet can only dare the blue empyrean, where his sire of more practiced wing and wider sight soars in peerless pride and looks in the face of the sun, after long and painful teachings of imitation and experiment; and he is never mistaken for the sparrow, that perched upon the back of the monarch of the upper air, and thus riding the giddy height to heaven, still feebly fluttered a little higher and plumed himself the superior of the bird of Jove.

Our eclectic friends have climbed to a certain height, and are evidently giddy with the feat. The mite mounted, with dreadful toil, the globe worked into shape from base material, by the instinct of a tumble bug, and saw the universe around him in the infinitude of space,—he its monarch and centre. The frisky animal who climbed the pole was happily unconscious of the truth thus conveyed :

The higher the monkey climbs the pole,
The more he shows his tail,

and eclectics may "profit by the example."

We will endeavor to proceed with as much gravity and decorum

as the nature of the subject will permit, to notice the "Transactions," and shall faithfully endeavor to ascertain whether the system has principles, or is, as some ill-natured allopaths have hinted, totally unprincipled.

The meeting was organized after the usual fashion. Dr. O. Davis, one of the standing committee, as is stated in a few short words, made a long speech, representing in a forcible manner the character and claims of Eclectic Colleges and Physicians. He urged the necessity of a high standard of qualifications, since on that lay the hopes of success. This is all very well. Of course the orator speaks well of his co-laborers; it is a foul bird that will dirty its own nest. A great deal of unction and enthusiasm prevails in the occasional speeches of the President and members. A letter of Dr. L. Oldshue offers a capital illustration of the prevailing tone of the speeches and correspondence. He regrets that he cannot attend, suggests that the "glorious cause espoused by this association will collect a large array of influential and distinguished men, who have abandoned their pursuits and sacrificed their comfort to assemble together, &c.; and that not for their own recreation, nor to promote private interests alone, but to take part in promoting the interests of all mankind"—and the rest of the world! He goes on to show that Prof. Joe Buchanan proved in a public lecture recently delivered in Cincinnati, that the adoption of the Eclectic practice, in the United States alone, would have saved over THREE HUNDRED THOUSAND LIVES per annum"! Prodigious!! Marvelous and verecund Joe Buchanan!! Well may Dr. Oldshue exclaim, "What a living mighty monument! And will it be considered strange, in view of the stupendous result, that an allopathic sceptic exclaims, What an Almighty, Eclectic, that is to say, choice—fib!!! We urge you to consider, charitable and truth-loving allopath, that the calculation is based on statistics, and that, although, as you still insist, Joe Buchanan will lie, yet figures can't do the dirty thing, and all that is left for you is to be converted in time, and ride the current of progress while you may. "The lives *we* (!) thus individually save, are so many moving signs and living advertisements, setting forth the value of our work and the truth embodied in our system." Here begins an episode of the doctor's individual experience, which is ex-

ceedingly rich. "Five years ago," says Dr. Oldshue, "I commenced practice in this place, building up for myself this little monument of flesh and blood—(wonder if the doctor is a married man)—saved from the smouldering ruins of allopathy. Since that time, I have treated over five thousand cases, and to the best of my knowledge—(ahem!)—not twenty persons in all that number have yet been contributed to the Allopathic monument of *human bones!*" Guard thy high interests, Allopathy; they are here assailed by the jaw-bone of an ass, which, if its owner were a Samson, would bear more terror and desolation into thy ranks, than did the arm of the long-haired Hebrew boy through the army of the Philistines.

A Dr. Brown next takes up the cudgels, and tells the Eclectics to stick to their principles. "Stick to your principles, Eclectics, as the pick-pocket said ven he took the gentleman's purse;" and if you have no principles, why stick to them all the closer. But softly, we may be doing injustice to the Eclectics, and they may have a principle which will appear after a while, like the denouement of a plot. Thus far, there has been a great clamor about principles, but it has been a pig-shaving business—great cry and little wool. Probably Mr. Brown will enlighten us. He says, "the reason is very obvious to the reflecting mind, why Eclecticism will supersede all other systems of medical practice." First and foremost, Brown says it will, and who should be supposed to know if Brown doesn't? And then, "other systems of medicine are limited to certain principles and prejudices of party, so that those persons who adhere to them cannot receive all new truths as they present themselves in the light of science and observation. But with *us* no barrier,"—not even owl-sighted ignorance, which sees nothing in the light of the living day, but must seek night and solitude to get by stealth a few rays of dimly reflected truth, so few and faint as to seem to be darkness to perfect vision,—"*prevents a hearty reception of all discoveries, whether pathological or therapeutical.*" Our Dr. Brown—not Brown so often enquired after—was one of a committee on medical statistics, and reports to the National Eclectic Med. Ass. the following matters, which are surely of a national, and characteristically of an eclectic interest. The past year very healthy in—Alleghany City, no *prevailing epidemic* except Rubeola and Scarlatina: I, Dr. Brown, treated between 30 and 40 cases of Rubeola, with none

fatal among the number. Some of these cases were severe, accompanied with a Typhoid Diathesis and Pulmonary inflation. Under mild and safe means—"sheep saffron and sich"—they all recovered rapidly. Dr. B. used the vinous Tinc. Ipecac. in expectorant and diaphoretic doses, in nearly all of the cases:—gave particular attention to the "cuticular surface," ordering ablutions once or twice a day. This, and similar twaddle, composes the sum and substance of Dr. Brown's report on medical statistics! Why, sister Shad and Miss Barney of the Georgia Scenes would have contributed an experience in the use "yarbs and doctor's means," a thousand fold more valuable than this of our eclectic, Brown. Dr. B. had several cases, "poradoxical as it may appear," of measles without eruption. Novel and erudite Dr. Brown! Truly, knowledge is power, and "book larning," as Dogberry discovered long since about reading and writing, comes by nature. As an explanation of the paradox, the author suggests that the disease was probably modified by the idiosyncrasy of the persons, or atmospheric influence. This is no exaggeration, indulgent but yet suspicious reader. You will find it in our copy of the Eclectic Med. Ass. Transactions, for 1851, and we here make a reclamation, as the French say, in behalf of Dr. Brown, Dr. J.—possibly John—Brown, and bid the world bow in acknowledgement of the fact, that he—Brown—was the first to discover a measles without the eruption, idiosyncrasy; and it is a peculiar and distinguished trait of Eclecticism, that "no barrier prevents a hearty reception of all discoveries, whether pathological or therapeutical." A number, of cases of convulsions among children were "*invariably*" relieved by Dr. B. "*except in one or two cases*, when there was a manifest organic lesion, which no system of medication could benefit." What the manifest signs of lesion were, and what the organ affected, Dr. Brown does not condescend to inform us. Lobelia is his remedy, and, take his word for it, Dr. Brown is "hell on fits." His obstetrical practice "has been very extensive. He used the forceps only once during the past year," but then, we are surprised to learn, "with safety and success to both mother and child!" "The case was one of inertia of the uterus." The concluding observation of this very voluminous and learned report—not quite three pages of large type—is a beautiful admixture of quaintness and simplicity. We know not whether most to admire

the unadorned matter of fact style in which he says the most extraordinary things, or the strength and originality of the things themselves. Judge ye, readers, in the difficult case:

“I believe that when the maternal organs are properly relaxed, and the state of the case requires any efforts beyond the disposition of the uterus to put forth, the use of the forceps must prove much more safe to the child than the administration of ergot, which is always attended with *some risk!*” All of which, in its full length, breadth, and profundity, is gravely and modestly submitted to the Nat. Ec. Ass.

We respectfully submit this Report on Medical Statistics to our Allopathic friends, as a model to be studied, if not imitated. A report to a National Convention on Medical Statistics, representing the common-place experience of an ordinary practitioner in a small town, and that experience depending on the “best of the reporter’s recollection” of those significant facts, which would scarcely have furnished items of gossip to a village coterie of grannies, may be taken as a fair standard of the intellectual stamina of that grave body that adopted and published it as a part of their transactions. Alas! Moliere, what a theme is lost to thy wit-contriving brain by an untimely death! If heaven could only lend you to the world for a month, you would surely carry back a comedy, which, by the strong and truthful delineation of solemn and stupid pretension, as the traits might be caught from these farcical eclectics, would set the higher world in an uproar. If there is any truth in the metempsychosis, the author of this report must be the heir to all the genius of a whole family of jackasses. We wish him a good time of it.

Next in order, is a letter from Dr. C. H. Cleaveland, written as if the very act of composition made him feel good all over. There is an odd mixture of associations in the letter, which puzzles conjecture in the formation of a psycho-physiological estimate of the writer’s character. He is alternately pathetic in his praises of eclecticism, and his denunciations of the the old body of physicians, a swindler, of political *slang-whangery*, in the perverted application of the terms *old-fogyism*, conservatism, and other equally polite phrases from a well-furnished vocabulary of vulgarity, to Old Physic, a pedant and dogmatist in the pert display of a few gaudy pinchbeck commodities of knowledge; and a phizzing squib of a critic who carps at all

systems of medicine, and comprehends none. His vivacity and eagerness are like those of an unfortunate poodle who has received a dab of turpentine under his tail, aimed by the hand of a mischief-loving urchin. We cannot better express our notion of this correspondent, than by reference to a somewhat fishy saying that he is "betwixt a stool and a sweat."

The next item, in order, is a report on the comparative merits of different medical systems, by Dr. Z. Freeman, of Cincinnati. Here is field and scope enough for the furniture of volumes. Old Broussais was a practical man, but it took several volumes for his condensed history of medical systems. Portal, the accomplished scholar and physician, has also given us a history of medicine; but it is enough to give one the headache to look at the corpulent volumes through which the medical antiquary must follow the clew that leads down through the dust and decay of centuries; from the old man of Cos, whose mind seemed to flash out truths which were lost amidst the fogs and darkness of succeeding ages, and again break upon the world in all their former truth, down to the living, breathing present; almost, yea verily, within the infinitissimal fraction of a moment of Dr. Z. Freeman himself, and the Nat. Ec. Med. Ass. What cannot genius, aided by the helps which science gives, accomplish! That achievement which caused Portal and Broussais the toil of years, and still left the world in controversy upon the contending field of medical systems, has been simplified by the intellect of Freeman into the intensity of less than a page. Millions of human beings had seen an apple fall from a tree before Sir Isaac Newton observed the same, but who before him possessed the divine perception which led him from the common fact up into the clear communion of the sublimest mysteries of the universe. And who but Freeman could in the miraculously short space of seventeen lines, even with the assistance of the Nat. Ec. Med. Ass., have struck out the clear, conclusive solution of the difficulty, which, like Newton's apple, dates back through centuries. There is something akin to the Roman imperiousness of Cæsar's "Veni, vidi, vici," in the sententious annunciation of Freeman, that "the results of Allopathy, Hydropathy, and other practices, are not satisfactory to the thinking community. Homœopathy in this city is slowly on the wane, Eclecticism is gaining ground rapidly, and our best citizens are adopting it in their families

Its superior efficacy, not only in the treatment of diseases in general, but in its application to surgery," &c. For comparative statistics to illustrate Dr. Freeman's septuadecimal report on medical systems, we are referred to Dr. Brown's three pages of National Statistics, gathered from the "best of his recollection" of a private and uneventful practice in Alleghany City. Who would desire a more complete body of evidence than is here furnished? It would not in all probability, satisfy Locke, or Whewell, or Paley, or Whateley, or Starkie, but then they were not Eclectics, and who does not know the power of prejudice?

A report on Dispensatories, by Drs. King and Newton, is done up in the same business-like style. There is a penury of words and grammatical proprieties, representing, we suppose, the inverse ratio of the wealth of ideas. There is no perceptible process of comparison and analysis: synthesis and analysis are not Eclectic processes. The committee very modestly but frankly state that "since the last annual meeting of the Association, there has been issued a work, entitled the 'M. E. (Methodist Episcopal?) Dispensatory of the U. S.' by King and Newton—(ahem!)—both of whom are members of this committee; and as a direct corollary of this fact, they recommend King and Newton's Dispensatory, as the very best to be had; indeed, when we consider that "there were no works on the subject," and that the material existed "in an indefinite and scattered condition," the only wonder is that the M. E. Dispensatory was ever got up at all by King and Newton. "Although it has been in print for about seven months," the profession of every denomination take it eagerly, as children do worm lozenges, and are clamorous for more. The committee therefore recommend the above work, and the most captious Allopathic will not deny that King and Newton, as committee men of the Eclectic Ass.—how my pen halts at the impertinent abbreviation—may speak of the doings of King and Newton as editors, without laying themselves liable to the charge of vanity and egotism. OLD PHYSIC.

[TO BE CONTINUED.]

DR. F. G. SMITH, one of the editors of the Medical Examiner, has been appointed to the Chair of Institutes of Medicine, in the Pennsylvania Medical College.

RANKING'S ABSTRACT.—No. 15 of this invaluable semi-annual periodical comes to us richly laden, as usual, with the rarest and most practical and important specimens of medical intelligence. It is already widely circulated throughout our country, and should be in the library of every physician.

TRUSSES.—Our friend Dr. N. W. Hubbard, of Elyria, Ohio, is engaged in the manufacture of trusses, which in most, and all essential respects, are superior to any others now in use. They are simple in their construction, and quite as simple in their application, and what is better than all, they are almost universally successful when applied in the proper manner. For his personal exertions in this department of Surgery, the Doctor deserves the gratitude of the public. His instruments are sold, wholesale or retail, at a very moderate price. We wish him every success.

PALMER'S ARTIFICIAL LEG.—This is one of the improvements of this age of improvement. Nay! we might say it is one of the wonders of the age. Since the introduction of anæsthetics and Palmer's artificial limbs, amputation of the lower extremities is deprived of nearly all its terrors. Think of it! A man has a leg torn to shreds in a thrashing machine, or ground to atoms under the wheels of a railroad car. He forthwith, under the influence of chloroform, falls into a placid sleep, his leg is amputated, and he awakens, as from a pleasant dream. In a few months he is walking erect, a man among men, without an apparent blemish. The principal difference between his natural and artificial legs is, in symmetry, beauty, and perhaps in flexibility the latter outstrips the former, and he has reason to become dissatisfied with his *congenital* leg! No wonder Palmer's Artificial Leg took the prize at the World's Exhibition, and that hundreds are flocking to him for his most beautiful and incomparable substitute.

See advertisement.



FROM COLUMBUS, O.

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This Institution, which embraces the west wing and front of the edifice represented in the above engraving, originally designed by its founder, LYNE STABLING, Esq., for Infirmary purposes, is now open and ready for the reception of patients. Its apartments are large, salubrious, and delightfully arranged—overlooking, in all directions, the city of Columbus, most of its public buildings, and the surrounding country.

The Institution is designed by its present proprietor, for the treatment of persons afflicted with every variety of *Chronic Disease*, capable of cure or relief, irrespective of age or sex; but more especially for the treatment of such diseases as come within the domain of Surgery. A portion of the building, to some extent isolated, is prepared for the reception of patients afflicted with diseases of the eye, and for those requiring operations for their restoration to sight. Other apartments are suited to a greater variety of surgical disease, while those in front; which are fitted up in a neat and elegant manner, are set apart for the accommodation of females who resort to this Institution for the treatment of diseases peculiar to their sex.

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Mrs. WRIGHT, formerly matron to one of our State Institutions, whose talents and personal accomplishments admirably fit her for the responsible place, is Matron to this institution. She will always be present or accessible to those who may need her kind attentions.

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The subscriber, at a heavy expense, having made every necessary arrangement, assures Invalids and persons resorting to him for treatment, that no appropriate professional service or personal attention shall be omitted for the restoration of those to health who may commit themselves to his care. He invites physicians, as well as those afflicted, to call and examine his facilities for the treatment of disease.

TERMS.—The Terms upon which patients will be admitted will vary somewhat according to the importance of the case, the attention bestowed, the room occupied, and the pecuniary circumstances of the patient. For Board, Washing, Room, Fuel, Lights, Nursing and Treatment, the charges will generally range from \$6 to \$10 per week. SURGICAL OPERATIONS will always be extra.

R. L. HOWARD.

COLUMBUS, Ohio, January 1, 1853.

MEDICAL AND SURGICAL JOURNAL ADVERTISER.

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Jointed apparatus, and flexible side splints for the leg, do	-	-	- 20 00	
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4. Three pairs longitudinal half boots,				
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2, do -	-	-	- 2 00	
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THE OHIO
MEDICAL AND SURGICAL JOURNAL.

Vol. V. Columbus, March 1, 1853. No. 4.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—DISCUSSION ON SCARLATINA, at the Cincinnati Medical Society, December 7, 1852. Reported by J. P. WALKER, M. D., Secretary.

DR. DODGE reported four cases, treated during the past season : two of these were of a mild form, the others of the more malignant ; one of the latter terminated fatally. His treatment has been—if much restlessness—to rub the whole surface with bacon-rind, which, he thinks, has the effect of quieting the uneasiness dependent on cutaneous irritability. He has used Watson's Chlorine Solution and the Chlorate of Potassa Mixture, with benefit ; as a local application to the fauces, prefers the Nitrate of Silver Solution. One other severe case came under his observation, which recovered independent of medication other than bacon-rind. If much restlessness, he repeats the anointing, every *three* hours. Dr. Lindsley, of Washington, first directed his attention to its use.

Dr. T. Wood confessed himself behind the age, as regards the therapeutic properties of bacon-rind ; viewing it, previously, as one of the many domestic nostrums, sometimes productive of more harm than good.

DR. DODGE did not know whether bacon grease possessed any special efficacy beyond any other oily application : perhaps the smoking process, employed in curing it, may add to its therapeutic action. Other physicians have reported favorably of its removing restlessness ; and, also, its appearing to lessen the danger from cold, during disquamation. Many of the profession (to prevent the appearance of quackery) have been prescribing an ointment of Axunge and Chloride of Soda, which, probably, will be productive of similar results.

Dr. J. H. TATE has found it useful in several cases, and regards it as an excellent adjunct to other treatment. He referred to the difference, in the grade of vascular action, as a condition, requiring special attention : also to the modes of death, as affording valuable hints, in the use of remedies : some die from congestion of the head and lungs, resulting from the low grade of vascular action, and non-appearance of the eruption. In these cases, milk-punch and the warm bath have been found useful. Swelling of the glands may produce death in *two* modes. 1st, by impeding respiration ; 2d, by preventing return of blood from the brain—the application of leeches may here be attended with advantage. He had treated three cases, in which there was congestion or inflammation of the brain, accompanied with high vascular action, bright scarlet rash, firm pulse, and occasional delirium from the commencement, in the following manner :

In the first, little or no medication. Terminated in convulsions, coma, death.

The second was treated with cathartics, enemata and cold sponging. Terminated same as first.

The third was bled to faintness, followed by emetic doses of Infusion of Ipecac every two hours, and free use of bacon-rind. This case recovered.

The sedative effect of the Infusion of Ipecac, with the external application of the lard or oil, act happily in the combination in allaying irritability : the act of vomiting also removes the accumulated secretion from the throat. The external application of Tincture Iodine will be found useful where there is much tumefaction of the glands.

DR. DODGE said he could speak from personal experience, of the relief afforded by oily applications, to a dry, hot skin, allaying immediately the nervous irritability resulting from that condition.

DR. CARROLL remarked on the unsettled state of the treatment of this disease, which to him was a source of considerable surprise. By some, blisters were recommended : these destroy the patient invariably. Others advise Mercury : this, according to his experience, produces all the evils of pyalism, without a single beneficial result. He places his sole reliance on Tartarized Antimony, which perhaps may be advantageously combined with Ipecac, given occasionally so as to produce emesis. Mild cases require nothing more than tepid water sponging, repeated at intervals. If much vascular action, bleeding may be resorted to with safety. If constipation, cathartics must be used. If diarrhoea, the administration of opiates will be required ; which latter complication, if it appears at an early stage, should be regarded as unfavorable in the prognosis. The most important part of the treatment consists, however, in the free admission of *cold air*. His attention was particularly directed to the consideration of this indispensable agent by the constant occurrence of the fact that where the disease was contracted on a warm day, and the weather became suddenly cool, the termination was favorable ; when the changes were reverse, the results were also opposite.

DR. TATE inquired if DR. CARROLL found any unpleasant result from the action of the Tartarized Antimony on the bowels.

DR. CARROLL, under these circumstances, combined one or two drops of Laudanum with each dose, which was sufficient to check this untoward action. He asserts that Antimony, *with proper management*, will cure almost any disease. During disquamation, he has used the bacon-rind inunction with advantage.

DR. BUCKNER reported two cases of scarlatina *without the eruption*, attended with coma from the commencement : the anginose condition was severe. Fruitless efforts were made to establish the eruption by means of the warm bath, &c. These cases proved fatal in *three* days. He generally used a saturated solution of Sulphate of Magnesia with Tart. Antim., given till catharsis was produced, followed by Dover's Powders : the latter given at intervals, in emetic doses, have been attended with benefit. Mercurial treatment, in his experience, was unattended with any but evil results.

DR. CONNER considers the free admission of cool air, the most important item, in the treatment of this disease, and without which, any plan of medication that may be adopted, will generally fail.

DR. TATE was anxious to learn the general opinion as to its being contagious, or otherwise.

DR. CARROLL is decidedly of opinion that it is contagious.

DR. WRIGHT could not, from the preceding remarks, yet discern what plan of treatment was most to be relied on, but infers that cases must be treated according to the conditions presenting. He referred to Condie having written the best article on this disease, that he has seen. When the disease first appeared in Central Ohio, in 1825, Ipecac was found exceedingly useful, but did not appear to act so favorably in succeeding epidemics. In consequence of the benefit derived from its use at that period, a distinguished physician repeatedly declared that no one ever died of this disease who was treated with this agent ; but during a succeeding epidemic, he unfortunately lost his whole family. He thinks Tartarized Antimony too depressing, and is decidedly opposed to the continual use of Calomel ; but, at an early stage of the disease, its cathartic effects will prove useful. Considerable benefit may be derived from external applications, perhaps oil is the best. No correct conclusions of its contagiousness, can be arrived at in a crowded city : the more thinly settled country will alone furnish reliable data. From observations made during the epidemic of 1825, and since that to the present, he has become satisfied that it is *not* contagious ; having remarked in many instances, in the woods, that one of a family would alone suffer from the disease, and that at the same time, or immediately after, other families were similarly afflicted, without the least possibility of its being the result of contagion, taking the distance as the most conclusive evidence. It is said, in support of its contagiousness, to have been propagated by Inoculation ; but this has not been satisfactorily proved.

DR. R. H. JOHNSON directed attention to the use of Prophylactics, in this disease ; more particularly Belladonna, which has been used in European countries with results represented as favorable.

DR. WRIGHT said it had also been tried in this country as well as Europe ; but that reports were contradictory, as regards its efficacy, from different sources.

DR. MENDENHALL wished for information as to the period of incubation, having contracted the disease himself apparently in 48 hours after exposure.

DR. CARROLL has seen one case, in which the disease made its appearance in seven days after the first exposure ; but, as a general rule about ten days supervenes.

DR. WALKER related a circumstance which would suggest the question, Does a previous attack of Roseola affect the appearance of the eruption in Scarlatina ? A little visitor became ill of Scarlatina, in a family of children numbering eight, all of whom had some time before suffered from Roseola. In two weeks from the time their little visitor was taken sick, the whole family were seized with the disease, in its anginose form, without any appearance of eruption ; this fact would lead him to suppose the disease was contagious, and also furnish additional proof as to the period of incubation.

PROFESSOR LOCKE presented a remarkable coincidence, illustrative of the period of incubation. A young lady being taken ill of Scarlatina at school was sent home. At her return, which was during desquamation, she had a long interview with a favorite school-mate, who in fourteen days from the first exposure, was taken ill of the same disease. She also was sent home. At her return (which was also during desquamation) a similar occurrence took place, with another school-mate, followed by the same result, in the same length of time.

DR. TATE wished for information as to the cause of Dropsy, following Scarlatina. He understood it to depend on a diseased condition of the kidneys, which could not be relieved by Diuretics. Some cases had been reported as being successfully treated by Dr. Dar-rach with Iodide of Potassium and Sarsaparilla, with the occasional use of Supertartrate of Potassa.

These cases, when fatal, die in convulsions, and a similar condition of the urine exists as that found in puerperal convulsions.

DR. T. WOOD related a case of dropsy on which the intestinal cavity and scrotum were largely distended with fluid, which readily yielded to Diuretics. Calomel and Squill were the remedies employed with Supertartrate of Potassa.

PROFESSOR LOCKE remarked that it would be profitable, if the urine was carefully examined, in the investigation of this condition.

DR. COMEGYS referred to Dr. Golding Bird's experiments on the urine, which was found to contain, invariably, Albumen in this, as also in puerperal convulsions.

DR. CARROLL treated Dropsy with Calomel and purgatives : if convulsions, depletion must be resorted to. Related a case of a girl

twelve years old who had Dropsy after Scarlatina: she had violent headache and convulsions, pulse scarcely perceptible, with labored action of the heart. Applied a leech to the temples, which produced immediate relief. He thinks nothing but depletion will afford relief. Another case, of a boy, who was convulsed and had been comatose for some time; the application of cups to the scalp was resorted to, and all these unpleasant symptoms disappeared before the bleeding was completed.

DR. BUCKNER referred to two cases of dropsy which proved fatal; neither case was attended with convulsions. The Scarlatina was of a severe form. The Dropsy first made its appearance in the feet, ankles, gradually extending upwards, and at length completely filled the chest, producing collapse of the lungs. He treated the cases with diuretics; did not, by the usual tests, detect Albumen in the urine. The anemic condition prevented his using the lancet.

DR. WRIGHT is not satisfied that the kidneys are always diseased, in Dropsy following Scarlatina. He has seen one case in which there was general Anasarca existing, with free action of the kidneys. Another case where no urine had been secreted for ten days, without producing Anasarca; in consequence of diarrhoea, which continued during that time. It was also attended with tympanitis and tenderness over the whole abdominal surface. Intestinal disease probably was the cause of death. The brain was not affected until about twenty-four hours before death.

ART. II.—*Strychnia, as applied to Disease of the Bowels.* By W. W. DAWSON, M. D., of Yellow Springs, Ohio.

The application of this article is daily increasing. The range of diseases to which it is applicable is constantly becoming more extended, and from the happy results obtained already, we may confidently expect still further discoveries of its adaptation to other forms of disease.

Observation so far shows its influence only, in lesions where some part of the nervous system is at fault. The physiological effect of this article seems to be an exaltation of the susceptibility to external impressions; and although it is suggested as beneficial in quite a variety of diseases, yet it is not probable that it is entitled to much credit in any lesion except those indicated—those in which there is nervous debility.

It has been used, and is indeed the only agent which is entitled to any credit in paralysis and impotence; and in Chorea, Epilepsy and similar conditions, it has been used with considerable benefit. Of a similar pathology are the diseases of the bowels which are discussed in this paper, and hence the adaptation of *Strychnia* to their relief.

My attention was first directed to the use of *Strychnia* in affections of the alimentary canal, in the summer of 1851, during the prevalence of Cholera in the neighborhood of this village, and since then I have been using it in every case of bowel disease to which it was thought applicable. Of the similarity of the condition of the nerves which are distributed to the bowels, and those of a paralytic limb, there can be no doubt; both have lost their tonicity—their strength partially—their excitability—and hence the walls of the bowels are feeble, relaxed; so are also the muscles of the paralytic part.

In many cases of *Chronic Diarrhœa*, the disease to which this paper will be principally confined, we have the same feeble, relaxed state of the bowels—the equilibrium of the forces seem to be destroyed, exosmosis goes on almost unrestrained, and consequently we have continual flux in the form of watery dejections from the bowels. This condition of the bowels appears to be still farther evident from the effect of the remedies employed, such as opiates, astringents, stimulants, &c. They seem only to exert a mechanical influence over the bowels; so soon as that passes off, the parts relax again, and the waste begins and continues until again temporarily arrested by the same class of agents, or until a degree of contractility or susceptibility to external impressions is restored.

Of this class, was most of the cases of “*Mexican Diarrhœa*” which fell under the observation of the writer. Some of these lingered for a long time, until at last the continual waste wore them out. Others, resisting all remedies, none of them seeming to have even a palliating effect, were of short duration.

The history and treatment of the following case, is looked upon by the writer as one of peculiar interest, and a case, although isolated, illustrates in a forcible manner the therapeutic effect of *Strychnia*.

S—, a mechanic in wood and æt. 40, applied to me more than a year ago, for relief from *Mexican Diarrhœa*; temporary relief was

all that he expected, as the disease had resisted every thing done during his stay in and since his return from Mexico. He had constant looseness of the bowels, his dejections being always fluid, and often mixed with mucus. Every two or three weeks an exacerbation would take place, which would be so severe that it would disable him, rendering it necessary for him to discontinue his work. During these violent attacks, the discharges would assume a decidedly mucous character.

In the interval he was able to do a tolerably good day's work at his trade. Naturally, he was a man of uncommonly strong and robust constitution. His habits of life were by no means regular; he was in the habit of eating to excess at times, and in the summer he ate freely all kinds of vegetables, and in addition to this, he was a constant drinker, using a bad article of spirits every day; quite often he indulged in this to intoxication. These habits evidently did much to keep up and continue the disease.

The usual remedies, such as astringents, astringents and stimulants together, astringents and opiates combined, opiates alone, opiates and diaphoretics, mercury combined with opium, or given alone to catharsis, and followed by opiates, &c. &c., were equal to the task of arresting an attack of this disease; but all and every thing failed, producing only temporary relief. The disease was there; was firmly seated, keeping up, as I have said, a lax, loose condition of his bowels. His excesses seldom failed in giving him more than his usual trouble; the discharges were increased in number and quantity; they were changed also in character, showing more active lesion of the intestines, by the large increase of mucus in the stools. During the time that I had the case under care, there was no evidence of blood in the fæces.

In midsummer of 1851, he applied for relief from a very severe exacerbation in his complaint. It was but a few days after I had first noticed the effect of *Strychnia* in arresting the bowel discharges in cholera patients. I was tired of treating the case merely with a hope of temporary relief, and had exhausted all the remedies of reputation in such diseases. None that I had ever tried had ever given him any permanent relief, and hence I was ready to try any new plan which promised him something more than mere palliation. I therefore concluded to try the effect of *Strychnia* upon the case. I prescribed it in 1—32 gr. dose every two or three hours for the first twenty-four; or if the discharges became less frequent during that

time, directed it to be taken less often. Before he had been upon the remedy for this length of time, it showed very decided influence upon the disease, indicated by decrease in the number and quantity of stools and diminution of pain.

At the end of the first twenty-four hours, he was put upon 1—16 gr. three times a day, and this course kept up for near a week. By this time, although his dejections were not those of health, they plainly indicated an approach to a normal condition.

A decided cure was the result, and since then, despite his intemperance in eating and drinking, he has been as hearty and probably more so than men commonly are who are of like habits.

Such are the notes of this single case of chronic diarrhœa—Mexican diarrhœa—one of the most terrible forms of intestinal disease that has ever appeared in the Mississippi Valley. It has been fearfully fatal, and where controlable, it was accomplished with great trouble. The use of this remedy, in this one case, would not, in and by itself, be of great intrinsic value, although it might lead to, yet it establishes no solid basis in regard to the adaptation of the remedy to the disease. Taken and connected with other cases of bowel affection, either of the same or of a different type, then it assumes a vital importance in the study of the agent and the pathological change, where, from its application we may hope to obtain a curative effect.

In the fall of 1851, and after the country north of this village had been visited with a severe form of Cholera, an account of the disease and the admirable effects which *Strychnia* seemed to produce, was published in the *Western Lancet*. Over the exhausting discharges which take place in that disease, this article exercised a singularly powerful control, arresting them almost instantly in some, in others its effects were gradual, but always, in every case, finally controlling them. As was said, in that paper, *Strychnia* is the only remedy which in the hands of the writer, has ever been used, with success at all gratifying.

The use of the article in the same disease, and its happy effects, is abundantly corroborated by Professor Edwards, of the Ohio Medical College, and Drs. Wilson and Howes, Resident Physicians in the Commercial Hospital during the prevalence of Cholera in that Institution in 1851.

Since my first use of the article in Cholera, it has been used in many cases of diarrhœa, and in some few of dysentery; but of the

latter, there but seldom occurs a case to which the remedy is applicable. Aside from Cholera, most good has been derived from it in *Chronic Diarrhœa*. The case given is the only one of Mexican Diarrhœa in which it has been employed by me, and it is probably the last case of that affection lingering among us.

Strychnia, in its applicability to the conditions of the bowels spoken of, will be of most service in the South. There the extreme heat of the sun, constant supply of vegetables, monotony of climate, cold nights and hot days, operating upon the constitutions of men from more temperate regions, so often produce a disease of the bowels, which, resisting all treatment, in the acute stage, passes on to a chronic form; and so intractable is it, in this stage, that the experience of every physician has taught him to dread it. To local means, if astringents, &c., per mouth can be called local, such condition of the bowels is often totally invulnerable; it must be reached in some other way.

If we are right in regarding the morbid state of the bowels in such cases similar to that of a paralytic limb, then Strychnia seems to be the remedy indicated; and from the success following such application of the agent, it may be concluded, in the absence of more positive evidence, that these views of the pathology of similar diseases are correct.

ART. III.—*Case of Placenta Previa*. By WM. B. HARB, M. D.,
of Mercer County, Ohio.

Early on the morning of August the 10th, 1850, I was summoned to see Mrs. R. B—, aged 32, who was in the seventh month of her eighth pregnancy. I found her pale, with a cool surface, pulse slow and very weak, no pains, a frequent inclination to go to stool, and a profuse intermittent uterine hemorrhage. Upon enquiring into the history of the case, was informed that she had a recurrence of the hemorrhage at intervals, varying from two days to a fortnight, ever since about the third month of gestation. An examination per vaginum revealed a somewhat softened condition of the os tinca. Although diagnosing a “*placenta previa*,” from an insufficient dilatation of the os, the position of the after-birth could not be distinguished.

From the history of her former hemorrhages, I felt constrained to make an effort to stop the present one, and accordingly had the chamber ventilated, the bed-covering reduced, the hips elevated, cold cloths applied to the genitals and abdomen, and gave a powder of Opium grs. i., Acetate of Plumbi. ii. grs., which I repeated every hour. With the above treatment, at the end of about three hours, the hemorrhage ceased. After waiting some time, and the flooding not returning, I directed the above powders to be given every two hours; and if the hemorrhage recurred, to exhibit enemata of cold water.

At 4 o'clock P. M. I was again called, and found the hemorrhage had recurred, but was now very slight, intermittent and attended with the usual characteristics of labor, tenesmus so irresistible that she persisted in almost constantly occupying the night chair. Believing that her case was one that would require eventually an active treatment, a messenger was sent for counsel, which in due time arrived.

At 6 o'clock P. M. the os uteri being more dilated than in the morning, a critical exploration of the os and cervix uteri was made, and the placenta found to occupy the right antero-lateral side of the os and cervix, coming quite up to the verge of the mouth—the foetus presenting in the second condition.

At this time the hemorrhage accompanying each contraction of the womb, but not increased, and the resources of the system yet continued vigorous. We did not resort to any active means to effect a delivery until about 9 o'clock P. M., when the os was found to have considerably dilated, the pains augmented, and the hemorrhage increased to an extent that we concluded further delay would compromise the life of our patient, and determined upon immediately evacuating the *liquor amnii*, and, if necessary, turn and deliver. Having made our patient and her friends acquainted with the contingencies connected with her case, the membranes were ruptured and a large quantity of "waters" discharged, which was immediately followed by an increase of uterine effort—the head engaged, and for a time all seemed to indicate a speedy termination of the labor. Presently, however, the contraction became feeble and altogether insufficient, when we gave ergot in full portions, applied frictions assiduously, and exhibited clysters of salt and water, which shortly so increased the action of the womb, that in a little time the child was born.

In delivering the placenta, nothing unusual occurred ; but its evacuation was soon followed by a profuse flooding, which continued, notwithstanding the use of frictions, pressure, titillation, cold douche, ergot, &c., and was arrested only after the hand was introduced into the uterus and its parietes firmly pressed between the one hand internally and the other externally, and continued until expelled by the uterine contractions.

When the flooding had been arrested, the patient was almost bloodless, exhausted and unconscious, the surface pale and cold, the pulse small and very weak. Stimulants, as Laudanum and Ether, Carb. Ammonia and Brandy, were necessarily administered, assisted by external warmth constantly applied for some hours, until some degree of reaction was gotten, when she began to revive and again became conscious.

August 11th, at 2 o'clock P. M. the pulse was small, hard and frequent, skin hot and dry, considerable thirst and pain in the region of the uterus much increased by pressure ; decubitus on the back, with the thighs flexed upon the abdomen, with other usual symptoms of hysteritis. Prescribed Dover's Powders grs. v., Tartar Emetic, grs. $\frac{1}{2}$. M., to be given every two hours, and a Hop cataplasm constantly applied over the lower part of the abdomen.

August 12, A. M. The symptoms of general re-action not improved ; but the manifestations of local disorder had almost entirely subsided. The mammæ began to feel tense, and the lochia and after-pains were about as usual. The powders prescribed yesterday were continued at intervals of three hours. The poultices also continued, and ordered a cathartic of castor oil.

August 13th. Patient better, the oil had operated well, there were no pains, and the inflammatory reaction was much reduced. From this time forward, under the above course of treatment, she improved daily, so that in two weeks she was able to be up, and shortly after that, to attend to her ordinary household affairs.

A little over a year after the above occurrence, I attended the same lady in her next labor, which was in all respects natural except a flooding which followed the delivery of the secundines, that was with much difficulty arrested.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Veratrum Viride*, or American Hellebore. By W. C. NORWOOD, M. D., of Cokesbury, S. C.

As an arterial sedative in pneumonia, Typhus, and other fevers and inflammations, the tincture of American Hellebore, is eliciting at present considerable remark and attention on the part of the profession. One of the peculiar properties of this article is, its power to control the morbid action of the heart, causing a consequent diminution of the pulse, without producing necessary emesis, or even nausea, when it is administered at first in small doses. Two interesting cases of pneumonia are cited by the author of this paper, both of which were severe, but yielded kindly, under the effects of this remedy :

“ In 1846, we called to see Mr. E., in consultation with Dr. J. A. Stewart. Mr. E. had been laboring under a severe attack of pneumonia for several days. The remedies prescribed were entirely approved of and continued for a time, but failed to relieve. The threatening aspect of the case was such, that it was thought prudent to inform his parents at a distance, of his perilous condition. At this critical juncture, we observed to Dr. S. that we had been using an article in a number of cases, of pneumonia, with a success and peculiarity of effect we had never been able to obtain from any other remedy, and proposed to use it in the present case. We immediately put Mr. E. on the use of the *veratrum viride*, to be given every three hours—the quantity to be increased one drop at each dose until nausea or vomiting occurred. At 8 o'clock A. M., commenced with seven drops. The third portion excited considerable nausea and free vomiting, with paleness, coolness and moisture of the surface. During the occurrence of these interesting and striking effects, we were notified that Mr. E. was vomiting freely, was much worse, and was thought to be dying. We found, however, that what had caused so much alarm to the patient and his friends, was to us a source of gratification ; for, after the effort of vomiting was

over and nausea relieved, the pulse was reduced to 63 beats and the pain relieved.

The pulse of the patient, previously to taking the Tincture, was 120 to 130 beats : and was reduced in twelve hours to 53, while the febrile and inflammatory symptoms subsided ; after which the portion was diminished one half, and continued for several days, without any renewal of the attack.

“ Called, in February, 1847, to see a son of Mrs. T., laboring under a violent attack of pneumonia, we put him on the use of *veratrum viride* every three hours. Although twelve years of age, his slender health and deformed chest, having been severely afflicted with asthma, induced us to commence with a very small dose, that we might avoid any drastic effect of the remedy. The first portion given was two drops, to be increased one drop every portion until the slightest nausea was experienced, then to lessen or discontinue the remedy, as the case might require. On taking the third or fourth portion, Mrs. T. discovered that he was getting very pale, that the skin was cool and moist, and pain scarcely felt only on taking a full inspiration. The slowness of the pulse, and the pallor and coolness of the surface alarmed her, and she sent for us. We found him pale, cool, moist, and with a pulse beating 35, full and distinct. when put on the tincture, in the morning, his pulse was 120 to 125, skin hot and dry, frequent and labored breathing, pain severe, great thirst. In the short space of twelve or fifteen hours the symptoms were subdued, and by continuing the tincture in doses of from two to three and four drops, there was no renewal of the symptoms.

“ In nearly all, if not in every acute disease, especially of a febrile and inflammatory character, we find the frequency of the pulse and the derangement of the vascular system in proportion to the force and severity of the case. There is scarcely an exception to the rule. Why this is so we do not know. The fact cannot be denied ; and, in order to restore health, we must of necessity, control the circulation, directly or indirectly. Now, *veratrum viride* will almost invariably effect this, whatever may have been the disturbing cause. The how and why, we do not understand. We look upon the universality of its application to be exactly defined by the universality of the occurrence of increased cardiac action. In testing its powers, we did not confine our experiments to febrile and inflammatory diseases of an idiopathic character, but extended them to traumatic le-

sions in which fever and inflammation had supervened, and our labors were crowned with a success that we little dreamed of realizing. Its power of controlling arterial action, in febrile and inflammatory diseases in traumatic lesions, we consider established beyond doubt. We gave the statement of a case of convulsions, treated with the *veratrum viride*, in the January No. (1851) of this Journal; since which time we have treated a number of others, with great success. We have not used it in epileptic convulsions sufficiently to enable us to speak with confidence and certainty in that disease. In the case of Mr. S., whom we commenced treating in January last, and still have under treatment, there has been no return of the paroxysms since then, which is a much longer interval than he has enjoyed for years, and his general health is much improved. It stands unrivalled in palpitations of the heart, for promptness and certainty of relief. It is a specific in painful affection of testicle consequent upon the mumps. We have not failed, in a single case, to obtain relief from the pain and fever in twelve hours, and prevented a return of the symptoms, by perfect rest and a continuance of the tincture for three or four days. How far it will succeed in orchitis, from other causes, we are not prepared to say. It affords us no ordinary pleasure, to record its value in the treatment of the inflamed mamma of lying-in females. If taken in time, in these cases, it may be relied on to control fever, pain and inflammation of the brain. In whooping-cough, accompanied with high febrile excitement, it has no equal. In convulsions generally, it is highly valuable. In asthma and rheumatism its effects are peculiarly striking, especially in the acute forms. In chronic rheumatism we have not used it. In puerperal fever our experience is limited, but in the few cases in which it was used, stamps it as a reliable agent in that disease. We have found it of great value in the treatment of typhoid dysentery, and would feel unable to combat that disease without it or some other remedy of equal power. Its effects on the system are in perfect antagonism to those of scarlet fever. Combined with the diuretic treatment, we do not believe it can be equalled by any other plan of treatment that has ever been adopted in scarlet fever. We know it to be valuable of itself, but its powers are greatly increased by the above combination.

“When we reflect upon the power of *veratrum viride* to allay pain, irritability and irritation, and more especially irritative mobi-

lity, in connection with its influence over the heart's action and deranged secretions, it is truly difficult properly to appreciate its value. We know of no untried agent that we would venture to rely on with more certainty in the treatment of yellow fever, and we look with interest for the results of its trial in this disease. From its direct influence over the vascular system, we believe it will prove valuable in the treatment of small pox, and by keeping the excitement down and the surface cool and pale, it will perhaps prevent the unsightly pitting which often takes place in that disease."

The author speaks of its efficiency in the treatment and cure of Typhoid Fever.

"The treatment of typhoid fever is a matter in which every individual is deeply interested. Might we not ask with emphasis, what country, what community, has not felt or heard of the destructive mortality following in its wake? and has not the cry been echoed back by every tongue and breeze—a remedy to stay the fell destroyer's progress! When we have presented as much of facts and evidence as we deem sufficient on the occasion, you will be able to judge and others can determine whether a cure has been discovered and the destroyer stayed or merely checked; when the value of *veratrum viride* in pneumonia typhoides and other malignant and fatal diseases, is embraced in the subject, it becomes doubly interesting and important. In 1850 we first entered on a trial of the tincture of *veratrum viride* in the treatment of typhoid fever. It was due to our patients and to justice that we should proceed with caution. We accordingly, at first, gave it in mild and moderately severe cases, avoiding its use at first in all cases of unusual severity and malignancy. We first used it in the case of a negro boy of Mrs. W., which was uncomplicated and yielded readily. When called, on the third day of the disease, the bowels had been moved sufficiently by a cathartic of calomel, followed by repeated portions of camphorated Dovers powder, without abatement of the symptoms. The skin was hot and dry, great thirst, severe pain in the forehead; the eyes dull, heavy and ecchymosed; tongue covered in the centre with a dark, thin fur, tip and edges very red and dry; pulse 127, small, soft and with quickness in the stroke, that indicated greater frequency than really existed. The patient was ordered a six drop dose, to be increased till nausea or vomiting occurred. By mistake the dose was not increased. After continuing the treatment twelve hours, there

being no abatement in the symptoms, we were notified of the fact and wrote to increase until an impression was made and that we would see the patient in twelve hours. During the absence of the messenger, Mrs. W. discovered that the dose was to be increased, and did so, and when this reached eight drops there was free vomiting, with a subsidence of febrile symptoms, the severe pain in the head excepted. At the expiration of twelve hours, we found the boy with a skin cool and moist, thirst materially abated, and the pulse reduced to 56 beats. A blister was applied to relieve the unmitigated pain in the head, and the *veratrum viride* was continued four days without any return of the symptoms."

Several other cases are noticed; one a negro woman—pulse 116, skin hot and dry, with considerable nervous excitement, sickness of the stomach and spinal tenderness, which had resisted the use of blister to the parts affected, as well as cupping, and an alterative treatment of calomel. Tinct. of *veratrum viride* was presented—seven drops at 12 M., eight or nine in the succeeding six hours. In one half hour after the third dose was administered, nausea and vomiting were excited moderately, pulse 80, skin cool and moist, and nervous derangement much relieved; after which four drops were given every three hours to establish the cure.

"On the 19th July, 1852, we were called into an adjoining district to see a negro woman of Mrs. G., in consultation with Drs. T. and McD. We saw her at 8 A. M., on the 20th, the twelfth day of the disease. She had been treated with all the remedies usually resorted to, without relief. She was slightly mercurialized; supposed to be three months advanced in pregnancy; pulse 130, extremely quick and weak, so much so that it was difficult to count; tongue dry and red on the tip and edges, with a thick dark fur in the centre. The papillæ were not covered with fur, were elevated, enlarged, and flattened at the top; thirst extreme; great heat in the region of the stomach, and complaining of internal heat and burning; extremities cold, with general coolness of the surface, except over the region of the stomach; answered questions in a quick and hurried manner; would invariably change some part of the body before giving an answer. Discharges from the bowels dark and muddy, mixed with slime; more or less tenderness and gurgling on pressure in the right iliac region; tendency to diarrhoea slight. On the

ninth day from the attack, there was a sudden and decided change for the worse, and brandy and quinine were freely given to sustain the action of the heart and arteries, and the surface was rubbed to keep up external warmth.

“ We have given such a description of the treatment and condition of the patient, at the time of our first visit, as will be fully endorsed by the physicians in attendance. Two cases had just terminated fatally in the same family, and two others in a family not more than six hundred yards distant. We could not complain of the reputation that had preceded us ; but the standing of the medicine was anything but favorable in that region of country. The previous and threatening mortality, the severity of the case, the new remedy, the unfavorable prognosis of the physicians in attendance, naturally excited the deepest interest, and curiosity was wrought up to the highest point as to what course would be pursued. By consent every remedy was discontinued, both internal and external, and the tincture of *veratrum viride* ordered every three hours, to be increased *pro re nata*, which we superintended in person from 9 A. M. till 5 P. M. Three drops were given at 9, which nauseated and vomited pretty freely before 12. The first matter thrown up was a large quantity of mucous slime, followed by a quantity of dark thick bile, or bitterish fluid, on the ejection of which she expressed considerable relief from the unusual burning or heat in the region of the stomach. Four drops were given at 12, which excited free emesis in from thirty to fifty minutes, bringing up an abundance of thick yellow bile. After this paroxysm of vomiting, the extremities and surface generally became warm, or, in other words, there was a general diffusion and equal distribution of heat. She expressed perfect relief from internal heat or burning, followed by a general feeling of agreeable coolness ; but three drops were given at 3 o'clock, which excited slight nausea, and perhaps a slight but single paroxysm of vomiting. What we had achieved when we left (at 5 P. M.) was the relief from unusual heat in the stomach, severe thirst, general restlessness, an equable diffusion of heat, and greater fullness and distinctness of the pulse. Instructions were left to continue the *veratrum viride* in three or four drop doses, as she might be able to bear it, avoiding too much nausea and vomiting, if possible. After leaving, we sent a message back to give twenty or thirty drops of laudanum, one hour before the next portion, to prevent nausea or vomiting, if possible.

That night, as a matter of course, was passed by us with more or less anxiety and interest. On reaching the patient the next morning, the viride was exciting very little nausea, the pulse was reduced to 120, more full and distinct, and all the other symptoms were slightly improved. We were not satisfied with the small quantity of the veratrum viride we were using; we therefore ordered an enema of four ounces of cold water and six drops of tincture of veratrum viride every six hours, and the three drop doses every three hours, to be continued; thus making, in all, forty-eight drops in the twenty-four hours. The enemata were ordered to be given between the portions, by the mouth. The nausea and vomiting were kept up for a time after each enema, but not to an extent that required them to be suspended, and which subsided after a few repetitions of the enema.

The morning following, which was the fourteenth day of the disease, the pulse was down to 100, and with a like improvement in all the symptoms. The morning following, the pulse was reduced to 85, and all the other symptoms were greatly mitigated, so much so that we were not to see her for the next forty-eight hours. On Sunday morning, at 9 A. M. (the seventeenth day of the disease,) we were at our post, with our pleasing anticipations disappointed, blasted, and for the time, scattered to the winds—but to fight the battle at far greater hazard. Found her flooding, pains severe and frequent. Requested Dr. T. to examine the uterus; found the os tincæ soft and dilated, so that he could discover a substance or body presenting; gave her a portion of ergot; the foetus was thrown off within half an hour, and flooding ceased. By this time the pulse had reached 135 beats per minute, was peculiarly quick and feeble; number of respirations 63 per minute; skin hot and dry, the heat of that peculiar acrid kind called “calor mordax;” thirst greatly aggravated. The veratrum viride was increased to five drops every three hours; spirits of turpentine to be given every six hours, in fifteen drop doses, in a little warm sweet milk to cover the taste, which excels any vehicle we ever tried. The enema of cold water to be continued every six hours, and the viride increased to eight drops. When we left, at 4 in the afternoon, there was slight moisture on the surface; the pulse was 130, more full and distinct; breathing a little less frequent and hurried. On the day following it was reduced to 95 beats per minute; on the following day it was reduced as low as 85, with a like improvement of all the symptoms. The remedies

were continued, and she rapidly and perfectly convalesced. It did appear that Providence brought us safely through the most critical of all the cases we have met. It also appeared, that so soon as the foetus was thrown off, she was much less susceptible to the impression of the *veratrum viride*.

There are many points of interest in the above case, which are well worthy of particular notice. In the first place, it had been treated by two skillful physicians, with all the ordinary remedies. On the ninth day the stage of collapse or exhaustion set in so rapidly and to such an extent, as to render brandy, quinine and rubefacient frictions necessary, to keep up the actions of the heart and arteries as well as the external warmth. After the free use of the above, from Saturday till Tuesday, we find there was no relief, but rather a continuance and aggravation of the symptoms. On Tuesday there was a withdrawal of all the remedial agents in use—was put on a few drops of the tincture of *veratrum viride*, at no time for the first 24 hours exceeded four drops. This was attended with relief from internal heat and burning, a general distribution of heat on the surface, and the pulse rendered slower, fuller, and more distinct, &c. The only change made which seemed to add to the good effects, were enemata of cold water, containing six drops of the tincture of *veratrum viride*. In the meantime she aborts with a renewal and aggravation of all the symptoms; to meet which, there is added to the treatment fifteen drops of spirits of turpentine; the dose of *veratrum viride* increased, by mouth, to five drops, and by enemata to eight drops. Again, the lessened susceptibility after the abortion; whereas, under ordinary circumstances, bleeding increases susceptibility: true, the loss of blood was comparatively small, yet, taking into account the length of time she had been sick, it might be said to have been relatively large. These are facts and circumstances for reflection and investigation.

Veratrum viride, green hellebore, American hellebore, is not our Poke-root or *Phytolacca Decandra*, but is the poke weed, *veratrum viride*, and is entirely different in its appearance and properties. Again, it is called white hellebore, by the Shakers; and those ordering *veratrum viride* often get the white hellebore proper, or European, for it, by not being specific in the correction of the error in name. The properties and powers of *veratrum viride* are the following; 1st, acrid—This property is very limited and confined to the fauces. 2d. It is adanagic, deobstruent, or alterative: this pro-

perty is possessed in a marked and very high degree ; not equalled by calomel or iodine in this particular, which will adapt it to the relief of many diseases hitherto beyond the reach of any remedy. Of this class of diseases, those which we think will be much benefitted by it, are cancer and consumption. 3d. It is actively and decidedly expectorant, so much so that we rarely add any other article. 4th. It is one of the most certain diaphoretics belonging to the *materia medica* : it often excites great coolness or coldness of the surface ; in some cases the skin is rendered merely soft and moist ; in other instances, the perspiration is free, and at other times it is most abundant ; but, notwithstanding its profuseness, it does not reduce or exhaust the system, as many diaphoretics do when in excess, and therefore need not excite alarm nor be suspended on that account. 5th. It is nervine, not narcotic, under any circumstances ; as, since our first article, we have taken it more than twenty times to test its varied powers, and we have taken it in all quantities, from the production of free emesis down to the minimum dose. This property renders it of great value in the treatment of painful diseases, and such as are accompanied with convulsions, morbid irritability and irritative mobility. For example—pneumonia, rheumatism, puerperal fever, convulsions generally, and palpitation of the heart, &c. 6th. It is one of the most certain and efficient emetics known, and is peculiarly adapted to meet that indication in whooping cough, asthma, croup, scarlet fever, and in all cases where there is much febrile and inflammatory action. It often excites severe nausea and frequent vomiting, which taken in connection with great paleness, often alarms the patient and by-standers ; but these effects, when in excess, are readily relieved by one or two full portions of morphine and tincture of ginger, or of laudanum and brandy. One grand and leading feature is, that the exhaustion which follows it, is not excessive and permanent, but confined merely to the effort. Again, the matter, first ejected, is a large quantity of thick, slimy mucus, and soon after, the liver is called on to pour forth its own fluid in abundance. 7th. The seventh property is the most valuable and interesting, and for which it stands unparalleled as a therapeutic agent. So much has already been written on what we call the sedative—arterial sedative—properties of the agent, or the power it possesses of controlling and regulating arterial action, that we shall not again run over the amount of evidence on this part of the subject. By virtue of this and other powers, the treatment of disease has been much simplified, and when

the effects recorded in the case of Mr. G.'s negro woman, shall have been fully considered, we may bid adieu to much of the supposed necessity for stimulants in the treatment of atonic or asthenic cases. We challenge the medical world to produce its equal, as a therapeutic agent, for certainty of effect, and the ease and safety with which it may be administered to small and great. In small portions, we have found nothing to equal it in exciting and promoting appetite.

The formula we use is the following:

R. Root of *veratrum viride* oz. 8

Alcohol, of the shops, undiluted " 16

Let it stand from ten days to two weeks. Medium dose for an adult male, eight drops, to be increased one or two drops every portion, until nausea or vomiting, or a reduction in the frequency of the pulse takes place; then reduce one half in all cases. Females and persons from 14 to 18 years of age, should commence with six drops, and increase as above. Children, from one to two years of age, to commence with one drop; from two to five years of age, two drops, and increase one drop. The usual interval with us is three hours between the portions. In ordinary cases of pneumonia, we usually continue it three days after the symptoms are subsided. In typhoid fever, and many other diseases, it requires to be continued much longer. For the satisfaction and information of the profession, we would state that it may be continued indefinitely, or any length of time, in moderate doses, or short of nausea, without the least inconvenience. The only objection that could be urged, is the increase of appetite, or desire for food. It is not cathartic—it is like all other remedial agents, subject to the same rules and regulations, making it out of the question for a person to lay down any but general directions for regulating the dose. We are better pleased with the method adopted for getting its first impression by Dr. Welburn, of Farmville, Alabama, than with our own. We allude to the short interval between the first three portions he administers: He gives "six drops, in ten minutes seven drops, in ten minutes more eight or ten drops; and then suspends the dose till vomiting occurs," which will be sure to take place in a large majority of cases. In the outset of many cases, we would recommend Dr. Welburn's manner of using it. In a male, twenty-five drops is the largest quantity we have known to be required to excite emesis, and sixteen drops in the female, when given in the manner and at the intervals we have directed. There

need be no danger apprehended of its exciting inflammation of the stomach; we have given special attention to that particular. It is peculiar and at the same time interesting in its effects. The fact of its acting as a sedative on almost every other portion of the system, diminishing the vascular and muscular action and motion of every other part, and increasing that of the stomach. We have seen it produce emesis in very susceptible persons, and the contractions of the stomach were so rapid as to be almost continuous and uninterrupted; but a strong alcoholic tincture of ginger and morphine would afford more prompt and immediate relief than any other articles we have ever used. We have never seen a case that failed to be relieved by the above remedies in thirty minutes. The great advantage of the remedy is, that it does not exhaust longer than the effort to vomit is concerned. A great many remedies leave the patient in an exhausted and enfeebled condition, aside from the effort or immediate action: not so with the *veratrum viride*. Again, tartar emetic should never be given with it, in any form or manner. The only cases in which we have seen the tincture of *veratrum viride* purge, were when given in combination with tartar emetic, or with Coxe's hive syrup. In most of these cases it excited a violent cholera morbus. We would not think of giving the tincture of *veratrum viride* where tartar emetic had been used, without preceding it with a full dose of morphine or laudanum at least one hour. We have known many fall out with the *veratrum viride* when it was not at fault. Again, venesection, when a large quantity of blood is drawn, increases materially its effects, whereas opium and morphine lessens and diminishes them. If a patient had been bled freely, preceded or followed by a liberal use of tartar emetic, and then followed up with medium portions of the tincture of *veratrum viride*, we should anticipate and prepare for drastic, if not hazardous effects." *N. J. Med. Reporter*.

ART. II.—A Case of Ventral Pregnancy.

The following case presents itself to the notice of all medical men, because its *very rare* occurrence, and the singularity of the phenomena attending it from first to last. In ordinary practice it is not a common event by any means to meet with cases of extra-uterine pregnancy, and few and far between do instances occur in

which the child is found lodged in the intestinal cavity. Ordinarily, the ovum is found in the uterine cavity, frequently in the Fallopian tube or ovary, and sometimes in the peritoneal sac; this last location constituting that variety of pregnancy denominated *ventral*. Blundell says he has seen a fœtus tolerably well formed, and of good size taken from a boy;---*the boy being pregnant*. It lay in a sack in communication with the duodenum. "It is therefore" says he, "*not impossible* for a fœtus to form within the body of a male," and therefore it may also form in women, within the peritoneal sack, among the abdominal viscera. (See Blundell's Principles and Practice of Midwifery, p. 477, edit. 1840.) So rarely do cases of Ventral Pregnancy occur, that the Dr. knew nothing personally of its symptoms.

Mrs. K---r, a Swiss and about forty years of age, came under our care on the second of December, 1851. For the previous six or seven weeks she had been attended by another physician, but from him we at no time obtained an opinion of the case or its treatment. From the statement of the woman herself, and her husband, we learned that in the month of January previous, she had been delivered of twins. One of these was brought into the world dead, by the use of instruments, the operation by her description, having been excruciatingly painful. The second child was not born until the *third day subsequent to the first*. The presentation was natural, the child healthy and vigorous. The placentæ were adherent, and had to be separated piecemeal, giving a great deal of pain, and causing considerable hemorrhage. Her recovery from this labor was tedious and protracted, and her opinion very decided, that in the use of the instruments she had been in some way injured.

On our visit, we found her lying upon the bed with her legs drawn up, her countenance anxious, and expressive of great suffering. She complained of extreme pain in the hypogastrium and back, tenderness over the whole abdominal surface, some difficulty in micturition, and an inability to lie on either side. She did not know whether she was pregnant or not, suspected it might be so, as she had not menstruated the last two months. Previously, but *after* the birth of the twins, her catamenial periods were irregular and very painful. An examination per vaginam detected only a fullness and irregularity of the os tincæ, the vaginal secretion reddish yellow, and copious. She had but little desire for food of any kind, occa-

casionaly vomited, and was very thin in flesh. Giving her Morphia at night, with fomentations, and one drop Tinct. Nux vomica ter in die, we continued our visits daily, and thought for more than a week, that our patient's uterus was in a *schirrus* state. We did not feel *satisfied* with our diagnosis by any means, and awaited further developments.

By the eleventh of December she had become *much* better, and then by a carefully instituted examination, we became convinced that she was pregnant about three and a half months. Impressed with the belief of a diseased uterus, we substituted Arsenic in very small doses for the nux, and as improvement became more and more manifest, omitted the Morphia entirely. About the first of January 1852, she appeared so well that we discontinued visiting her. She was free from pain every where, and able to go about her room with increasing strength. After a while she walked out, and frequently came to our house, the abdomen gradually enlarging, and her only suffering was the motions of the child, that ceased as they ceased. By the third of February, the motions of the child became more frequent, and *excessively* painful, particularly in the *left* side, and the pain was always followed by emesis. With Morphia resumed, and small doses Belladonna, we again succeeded in giving ease, and up to the twenty-fourth April she continued very comfortable, only once in a while expressing her fears of her approaching confinement. On the night of the twenty-fifth April, she was to all appearance in the commencement of her dreaded labor. We remained with her three hours, the pains very gradually increasing, but *the os tincae remaining altogether unaffected*. During the whole of the next day the pains were very severe, yet an examination disclosed not the least change in the os, nor while the finger remained in contact with it, was there the least infringement of a bearing-down force. The hand on the abdomen felt nothing whatever of a contractile character, and we assuredly plead guilty to the fact that we did not know *what* to make of the case. Ergot was cautiously used, but without any advantage that we could see. In the afternoon we carefully introduced the hand into the vagina, and with as much force as was prudent, endeavored to insinuate a finger into the uterus, but all in vain; it would pass an inch into the neck, and there become arrested by what *felt* a firm ligamentous band. At night a full dose of Morphia was given, and all day of the 26th, 27th, 28th, and 29th, she remained *quite free from pain*.

At one o'clock, on the morning of the thirtieth, we were summoned to her again. The pains were severe, but the labor (as we thought it) remained in statu quo. At half past two A. M. we sent for our friend Dr. Hodges, and he remained with us until four. No more than ourselves could he satisfy himself upon the diagnosis. We could feel the os uteri wholly unchanged, and detected, as we supposed, adhesions or ciccatrices about the neck, presenting solid obstacles to the egress of the child. Resorting again to *Morphia*, both of us left her, and we alone saw her twice during the forenoon, during which time she frequently vomited. In the afternoon, Drs. Hedges and Bloodgood saw her with us. Both gentlemen regarded the case as a peculiar one, and hopeless as to recovery. It was decided to use *laudanum* enemata, and await events. We intimated the ultimate necessity of an operation, but neither gentleman seemed inclined to favor our opinion; indeed Dr. Bloodgood expressly declined being a party to any proposal for relief by the knife, he would rather she should die as she was.

With Drs. H. and B. we saw her again on the morning of the first of May, at 8 o'clock. The enemata had quieted her, the stomach became settled, and she had obtained some sleep. There was now a little pain, and *extreme tenderness in both iliac regions*. She expresses some doubt as to the correctness of her reckoning, starting from the 20th August, 1851. A good deal of air and fluid is now manifest in the peritoneal sac, and the abdomen feels considerably softer. *No motion has been perceived in the child for the last five days*, and we suspect its death. Some *bloody fluid* has been discharged from the vagina, and some pus of a foetid odor. Keeping the pains down with *Morphia*, it is decided to wait some time longer for what may come to pass.

Just in this state of almost hopeless misery, and obtaining some ease from the *Morphia*, did this woman remain up to the 11th of June. We saw her daily, and as far as we could penetrate into the mystery of her case, reflecting upon it carefully, and *resolving* for ourselves only, we made up our mind fully, that *by an operation alone* could she be released from the burden of her now dead infant. On this morning (the 11th) Dr. H. visited her again with us. With the speculum, the condition and appearance of the vagina and os uteri, was perceived to be ulcerated and considerably tumefied. A catheter insinuated within the os, could not be pushed into the uterus with any degree of *reasonable* force, and more than this we would not

attempt to use. On the 14th we requested Drs. Lawry and Leggett to see her. After a careful examination, and obtaining a history of the previous progress of the case, both gentlemen united with us in the opinion that the child was dead, and an operation demanded as soon as practicable. What should that operation be? The Cæsarian section? Truly this ultimatum of surgery occupied our thoughts, and we would gladly have resorted to it *then*. We *now* wish we had; but *before* doing so, our associates deemed it best to pass a trochar *through* what opposed our entrance into the uterine cavity, and it was so determined. On the 16th of June we fully communicated to our patient the decision adopted. She was informed of her truly deplorable situation, and the *almost* certainty of her death under any circumstances, besides the *positive* certainty in her present condition of dying soon. With calmness and fortitude she placed her life in our hands, as far as we could give or take it by operating, as we thought best. In the presence of Dr. Lawry and Mr. Roemer, we introduced the speculum at 4 o'clock, P. M., and through it passed a long and slightly curved trocar through the neck of the uterus into its cavity. No result followed of the slightest benefit. Chloroform was used at her request, and she was kept under its influence about a quarter of an hour. The parts were fully exposed, her position being before the window, the hips on the edge of the bed, the shoulders elevated, and the thighs widely separated. After the effects of the chloroform had subsided, and she discovered that we had *not* removed the child, or *cut* into her side, she expressed much regret, for she thought *that* was to have been done, and her mind was fully settled upon it. In our judgment there was nothing now remaining but the forlorn hope of the Cæsarian section.

On the 17th of June, some of her friends desiring some medical gentleman *from the city* to see her, we gave, among others, the name of Professor Gillman, and he visited her on the afternoon of the same day. Examining her rather hastily, as we thought, and returning to our office, he gave the following diagnosis. "Chronic peritonitis has existed for a long time, and all the viscera are glued together in consequence thereof. There is *extra uterine fatation*, the intestines filled with air, and the abdominal cavity contains fluid, air, and probably pus. The neck of the uterus is elongated, and the finger may be passed into it two inches, at which point there is obstruction, but a catheter may be forced through this, and into

the cavity of the membranes. She must die, nothing can be done for her, use anodynes." This opinion, relied upon by her friends, and so far coinciding with our own, that the operation could not, with propriety, be now thought of, arrested all further agitation on that point. The end of our patient's existence was near at hand, and nothing remained for us to do, but to smooth the path that led to "the dark valley of the shadow of death." She was resigned and ready.

On the 27th June we visited her at 9 A. M., and found her seated on a rocking chair, her eyes closed, insensible, and moving her lower jaw, as in chewing. In that position at half past ten she died; her suffering and life had ended.

The time had now come when light was to be thrown upon this curious case, and its mysteries solved. At no time had we a satisfying conviction beyond the fact presented on the 30th April, that the infant could never come into the world *per vias naturalis*. We could not rely upon a *large* obstetric experience at all comparable with Professor Gillman's. But we felt a strong desire to operate by an abdominal incision *at that time*, (30th April,) because the child was alive, and we believed it was the mother's only chance for life. Had we been sustained in our opinion, the *infant's* life would have been secured, and the woman's death a matter of doubt. Delays are dangerous.

In the presence of several gentlemen and Dr. Legget, and assisted by Dr. Lowry, we proceeded to make a post mortem examination at half past four P. M. The body was very much emaciated, and the abdomen unusually large. The child was now easily felt, and its position designated. There being considerable fluid in the peritoneum, we drew it off through a canula before making any incisions. It was of dark brownish red color, very offensive, and in quantity about a gallon. The abdomen was laid open by an incision, commencing three inches above the umbilicus, and in the median line, terminating one inch above the pubis. This exposed what was *thought* to be the uterus, its walls of extreme tenuity, sphacelated, and tearing easily with slight force. It adhered very closely to the inner surface of the peritoneum, and across its anterior and upper portion, several portions of intestines were visible, strongly amalgamated with it by organized lymph. A further incision, corresponding with the external one, and through the *supposed* uterus, *exposed*

a full grown perfect male child of nine and a half pounds weight, and not at all decomposed. It lay upon its right side, with the head in the hollow of the right ilium, the breech in the left. Lifting the child carefully, the umbilical cord was found to pass to the placenta, firmly adherent to the right side. That portion of the cord inserted into the placental mass was torn from it with ease, and with it came off a portion of membrane. The entire cavity in which the child had reposed was now visible, occupying the whole inferior half of the abdomen, and the basin of the pelvis. It was now manifest that the infant had not been in the uterus, *but in a sac in the midst of the intestines*; in fact we had before us a case of *ventral pregnancy*, a state of things somewhat rare in the statistics of midwifery. All the viscera were “glued together,” and the intestines did “contain air and fluid,” but no pus. It was extra uterine foetation truly, but the diagnosis of Prof. Gilman had not reached its character, the knife alone revealed its stonishing nature. Where then was the uterus? *We found it in the pelvis in situ, its cavity empty, and in size not exceeding the natural unimpregnated organ.* The neck was “elongated,” and previous, the operation of the sixteenth of June having made a passage through a firm adhesion, the result of previous inflammation.

This case then proves that ventral pregnancy is possible in the female, the foetus forming within the peritoneal sac, *among the abdominal viscera*, and there reaching perfect maturity. Usually, in extra uterine foetation, the womb varies in size, generally it becomes two or three times larger than in the virgin state, and sometimes the decidua is formed within it, though most frequently it is wanting. Gestation does not in general advance to the full period; but here we have an instance, and others are recorded by Baudelocque, Haller, Leroux, and Galli.

How should cases of extra uterine pregnancy be treated? We really know so little about them, that we cannot go farther than recommend anodynes and opium. After deliberate consideration of all the circumstances, gastrotomy, *after* the seventh month, is advocated by Capuron, Desormeaux, Gardien, Velpeau, and other French writers, and we should advise the same course, for one life may usually be saved. “But,” says Dr. Blundell—“considering the danger of the incisions, and the risk of a fatal bleeding internally, when the placenta is taken away,—abdominal incision seems to

promise very little success ; and, therefore, I should be averse to try it." We believe there is no instance on record in which the operation has been performed.

Flushing, L. I. January 4, 1852.

ART. III. — *Dislocation of the Os Humeri, upon the Dorsum Scapulae, reduced after the expiration of five weeks.* By PAUL. F. EVE, M. D., *Prof. of Surgery in the Nashville University.*

Mrs. A. was thrown from a carriage while the horses were running away with it, and in the fall was struck by a wheel upon the left shoulder. This occurred just five weeks, lacking a day, before the dislocation (the result of this accident) was reduced. Owing to the great tumefaction which immediately ensued, the peculiar nature of the injury was not detected. When this had subsided, her physicians recognized a dislocation, which was so unusual that she was advised to visit Nashville. Drs. Kelly and Porter examined the case with me on the 21st of November, and we confirmed the opinion already expressed by our professional brethren who had seen it, that there was a dislocation backward of the humerus at the left shoulder joint. This was further strengthened the next day by Drs. Jennings and D. W. Yandell concurring with us.

The symptoms present were a loss of contour in the articulation affected, motion backward and upward of the left arm ; flatness of the shoulder, great projection of the coracoid process, prominence of the acromion, hollow under it ; a distinct tumor on the dorsum scapulae behind, and a little below the glenoid cavity ; the spinus process of this bone was obscured ; the tumor on its dorsum was much nearer its posterior edge than was the head of the humerus on the sound side to the corresponding point of that side ; the longitudinal axis of the os humeri was directed behind the glenoid cavity ; the left fore-arm was pronated. The inferior extremity of the dislocated limb was longer than the one on the other side. There was no tumor in the axilla, and the elbow of the affected side could be made to approach the chest.

The patient did not now suffer much, but could only use the forearm to a limited extent, and the function of the arm was nearly lost.

The peculiar symptoms in the case were the altered direction of the long axis of the arm, the impossibility to carry the elbow backwards, the projection of the coracoid process, and the head of the os humeri on the dorsum scapulæ.

Kindly assisted by the gentlemen above mentioned, while one maintained counter-extension by means of a folded sheet in the axilla, (the patient being seated in a chair) two others extended the limb horizontally outwards and forwards, with directions to carry it suddenly backwards, the head of the os humeri was pressed towards the glenoid cavity, when the reduction was easily effected, without resorting to Chloroform or the pullies. Upon the second trial, probably in three minutes, the bone slipped into its socket with distinct recognition to all present. In a week the patient returned home, a distance of about thirty miles.

That the backward dislocation at the shoulder joint is a very rare one, a mere glance into the records of surgery will satisfactorily prove. Its *bibliography* does not extend beyond the present century.

Cases no doubt have occurred earlier than this period, but nearly all available in the profession have been derived from modern Surgeons.

In Prof. Pirrie's Principles and practice of Surgery, 1852, on dislocations *backwards* at the shoulder-joint, he says that "of the head of the humerus on the dorsum of the scapulæ is so rare an accident that Desault had never seen an instance of it; Baron Boyer met with it once in the living body; only two cases occurred at Guy's Hospital in thirty-eight years; in the same number of years Sir Astley Cooper met with two cases, and not more than four cases occurred during his whole professional career; and Mr. Lawrence, in his lectures delivered at St. Bartholomew's Hospital, in 1830, states that at that time he had never seen the humerus dislocated *backwards*. After alluding to three or four other cases, and two examples he had met with, he concludes the paragraph by stating that there are on record a few others.

Mr. Bransby Cooper, in his lectures on the Principles and Practice of Surgery, published last year, writes that Boyer, speaking of this accident, says, "there is no well attested instance of dislocation of the humerus outwards and backwards." He states, however, that he himself had seen several cases, alluding clearly to some of his uncle's, Astley; and reminding an American of a similar connecting of E. Home to the celebrated John Hunter. But he, too, refer-

ring to his illustrious relative, remarks, that it was singular that two instances of so rare an accident should occur so closely together in the practice of one individual. In Sir Astley Cooper's great work on dislocations, we find these very cases detailed. In the other Cooper's writings, (Samuel) he states distinctly a few cases have been recorded. Ferguson has seen one instance; Liston,* Miller and Skey mention none.

During the visit of my colleague, Dr. Buchanan, last year, to St. Bartholomew's Hospital, the first case of dislocation of the head of the humerus on the dorsum of the scapulæ was brought into that institution. Mr. Stanley said it was the first of the kind he had ever seen, and he had been connected with it thirty years. Mr. Lawrence stated that he had met with but one other case in fifty years' practice.

In our own country, Dr. Physick, if we recollect right, met with two such dislocations. One was produced by the patient falling into a hatchway and striking the arm near the shoulder-joint upon its edge as the body descended into it. In this instance, the blow or force causing the luxation was applied directly opposite to that which resulted in a similar case here recorded. In my example, the wheel struck the scapulæ posteriorly, carrying it suddenly and forcibly forward, while the arm, fore-arm and hand having no such movement communicated to them, by their dead weight, overcame the slight comparative resistance of the atmosphere, ruptured the scapulo-humeral articulation, and were thrown backwards.

In 1831, Dr. George Snyder, of Jackson, Tenn., communicated a case of backward dislocation at the shoulder-joint, to Prof. Gibson, of Philadelphia, in which not succeeding in effecting its reduction as recommended by Sir Astley Cooper, he afterwards replaced it by the ordinary means applied to luxation of the os humeri in the axilla. Dr. S. has made the very sensible remark, that producing a secondary, or consecutive displacement of the humerus downwards, which some authors recommend, cannot facilitate the reduction. To be reduced from its second position, it must necessarily increase the rupture in the ligaments or soft parts, or describe a curve to enter again the glenoid cavity.

The case now recorded we believe is the first of the kind occurring in, or about Nashville.—*N. Y. Med. Gazette.*

*See Elements.

ART. IV.—*Yeast in Diabetes.*

Dr. WOOD stated that he had a case of diabetes now under treatment in the Pennsylvania Hospital, which, in the results thus far obtained, was not without interest in a therapeutic point of view. He would first present a brief sketch of the case, drawn up by his young friend, Dr. R. A. F. Penrose, one of the resident physicians of the hospital, and would then offer a few remarks.

“Mary Ann Cain, born in Ireland, a domestic, aged thirty, was admitted into the hospital, November 16, 1852, for palpitation of the heart. Upon examination, the heart was found acting with unusual energy and quickness; but the sounds were normal. Her general condition was one of extreme emaciation, her weight eighty-three pounds, the pulse frequent but not strong, the tongue red and smooth. She stated that she suffered much from constant thirst, and had a perpetual desire to eat. Attention was directed to the urine; and it was found that she was passing from 18 to 20 pints daily, of a specific gravity varying from 1036 to 1040. On the addition of yeast, it fermented briskly. Boiled, after the addition of solution of sulphate of copper and solution of caustic potassa, it yielded a reddish-brown precipitate; boiled with solution of potassa alone, it acquired a dark-brown or bistre tint. The case was clearly one of saccharine diabetes.

“Two days after admission, she was placed upon an animal diet, with non-farinaceous vegetables, and one small biscuit three times a day. Cod-liver oil was also directed, and a *teaspoonful of yeast, three times daily, immediately before meals.*

“22d. The quantity of urine now passed in 24 hours was 10 pints, and the specific gravity 1022. The thirst and appetite were much diminished. The same treatment continued.

“27th. The patient complained of total loss of appetite, and could not take her cod-liver oil. The tongue was extremely red and inclined to dryness, and there was pain on pressure in the epigastrium. The quantity and sp. gr. of the urine were as at the last date. The cod-liver oil and animal diet were suspended, and she was placed upon farinaceous drinks with milk. A pill, composed of one grain of the blue mass and a quarter of a grain of opium, was directed four times a day, and the yeast was continued.

“30th. The patient felt much better, her tongue was moister and less red, and the gastric symptoms were much ameliorated.

Not finding milk to agree with her, she had lived chiefly on oatmeal gruel, with a soft-boiled egg occasionally. The quantity of urine had now been reduced to 7 pints in 24 hours, and its specific gravity to 1020.

“31st. The patient continues as yesterday, the urine having amounted, in the last period of twenty-four hours, to only six pints; the specific gravity not examined.”

Much light, Dr. Wood observed, had recently been thrown upon the pathology of diabetes. The disease is now admitted to be characterized by sugar in the blood, the kidneys being only secondarily affected. The experiments of McGregor proved that sugar exists in great excess in the stomach of diabetic patients after eating, and it may readily be supposed to pass thence into the circulation. Bernard has shown that the liver, in its normal action, produces sugar out of the portal blood, and that this sugar passes through the vena cava, right side of the heart, and pulmonary arteries into the lungs, where, in the healthy state, it is wholly consumed. Excess in the sugar-producing action of the liver, or deficiency in the sugar-consuming action of the lungs, may be followed by the entrance of saccharine matter into the general circulation, and thus give rise to diabetes. The same physiologist proved that, by irritating a certain point of the medulla oblongata, the liver was made to generate a great excess of sugar, which, escaping decomposition in the lungs, entered the arterial circulation, and passed out with the urine.

We thus perceive that there may be various sources of the saccharine impregnation of the blood. *In the first place*, it may arise from some defect in the gastric digestion, in consequence of which farinaceous and other nutritive substances are converted into glucose or grape-sugar, which remains unchanged; or, *secondly*, from hypertrophy or other disease of the liver causing an over-activity in its sugar-producing function; or, *thirdly*, from disease of the lungs impairing their power of consuming the sugar; or, *fourthly*, from irritation of the nervous centre in the medulla oblongata which appears to control the action of the liver in relation to this product; or, *lastly*, from two or more of these sources combined.

Now, in the case before us, no organic affection of the liver or of the lungs could be detected, and there was no reason to suspect the medulla oblongata; but the smooth reddened state of the tongue,

and the epigastric tenderness seemed to point specially to the stomach as the seat of the disease.

In the number of the *Edinburgh Monthly Journal of Medical Science* for October last, it is stated that Dr. Gray, of Glasgow, had been induced to make trial of *rennet* in a case of diabetes, in the hope that, as this body converts sugar out of the body into lactic acid, it might be found to produce a similar change within the stomach; and the lactic acid thus generated might be eliminated from the system, or rather decomposed by the respiratory process. In the case referred to, the urine was copious, of the specific gravity 1045, and strongly saccharine. A teaspoonful of *rennet* was given three times a day. In eight days, the specific gravity of the urine was reduced to 1025, with but a trace of sugar; in twenty-five days, the quantity was four pints, and the density 1022.5, and no sugar could be detected. At the end of six weeks, the urine remained free from sugar, and the patient had so far improved in health and strength as to return to his work.

It occurred to me, observed Dr. Wood, from the results of this case, that yeast might prove equally beneficial, by causing a decomposition of the sugar in the stomach such as it is well known to occasion out of the body, resulting in the production of acetic acid. Being under the impression that, in the case now reported to the College, the primary disease probably resided in the stomach, and that the diabetic sugar was generated there, I determined to try the effects of this remedy. The patient had been two days in the house before she was placed under treatment, and during this period no change had taken place in the quantity or character of the urine. It will have been noticed that quickly after the commencement of treatment, a very great change took place in both these respects; the quantity of urine being reduced, in the course of four days, from twenty pints to ten daily, and the specific gravity from 1036 or 1040 to 1022. But the almost exclusive use of animal food may be supposed to have contributed to this result. In consequence, however, of the gastric inflammation, it was necessary to suspend this diet, and to allow the patient to use farinaceous food, the yeast being continued. So far from any increase of urine in consequence of this change of diet, its quantity was still further reduced, so that, upon the last day upon which it was examined, it did not exceed six pints, while the specific gravity was as low as 1020, the quantity

having been reduced from twenty pints to about double that of health, and the density from 1040 to that of normal urine. There can be no doubt whatever that the sugar has been very greatly diminished; and there is no cause apparent to which the result can be ascribed except the use of yeast.

What may be the further progress of the case cannot, of course, be foreseen. Even should we succeed in preventing altogether the elimination of sugar with the urine, it does not follow that the case will end in recovery. The remedy is addressed only to one of the effects; a very important effect, it must be admitted, and itself capable of producing great mischief, but still by no means the whole disease. Nevertheless, if, by the steady use of a remedy so little disagreeable as yeast, we can prevent the abnormal production of sugar, and the exhausting effects on the system of the excessive secretion of urine occasioned by it, we shall have gained one great point. We shall at least gain time for accurately investigating the source of the evil, and applying such remedies as may offer a reasonable hope of permanent benefit.

Dr. Wood observed, finally, that he should probably take occasion, at a future meeting of the College, to report the further progress of the case; and should have been in less haste at present, had he not thought that the remedial measure had some claims to notice, and been desirous that it should, as quickly as possible, receive an ample trial, so that its merits might be conclusively tested.—*Trans. College of Physicians, Philadelphia.*

PART THIRD.

FOREIGN INTELLIGENCE.

SURGERY.

ART. I.—*A curious Case, in which a Foreign Body was removed from the Rectum by Incision through the Abdominal Parietes.* By M. REALI.

In December, 1848, a peasant was admitted into the hospital at Orvieto, in the last degree of feebleness and prostration. Under the

idea that he would save the trouble and expense of eating, he had plugged up his rectum with a piece of wood. This was nine days previously. Many attempts had been made in the interval to relieve him from this awkward predicament, but without success.

After his admission, M. Reali, reiterated these attempts, but their only effect was to force the foreign body further from the outlet, and to increase the impaction. Already this body had passed beyond the reach of the finger. Under these circumstances, it was determined to expose the descending colon by cutting through the abdominal parietes. Having done this, attempts were made to force the piece of wood from the termination of the colon, at which it was distinctly felt, into the rectum, and so downwards, and again without success. An incision was therefore made into the bowel, and the foreign body—the dimensions of which were 16 centimetres by 3, and the form a bluntish cone—was extracted through the opening.

The edges of the wound in the intestine and parietes were united by suture, and cold applications placed over the usual dressings.

During the first few days there was much flatulent distension of the abdomen, with considerable sickness and vomiting, for which symptoms three bleedings, three applications of leeches, and some doses of croton oil were thought necessary. The bowels acted on the 5th day. The wounds had healed on the 14th, when the patient was well, though for the sake of prudence he was kept two months in the hospital. And now, two years and nine months afterwards, he continues well, eating and drinking all before him, and no longer disposed to distress himself on the ground of his appetite.

ART. II. — *Aneurism after Venesection cured by flexion of the Limb.*

M. A. Thierry has lately published, in the *Revue Clinique*, a case of false aneurism at the bend of the elbow, occurring after bleeding from the arm, which he successfully treated in the following manner: The arm was forcibly flexed, the limb carried over the head, and the hand fixed on the opposite cheek. The patient remained in this painful position for five days, after which time it was changed to that which M. Velpeau generally adopts for fracture of the clavicle—viz., the arm fixed across the chest, and the opposite shoulder. A fortnight after the beginning of this treatment, the tumor was re-

duced to the size of a nut ; the arm was then kept in the same position for another fortnight, after which no sign of any pulsating tumor remained. M. Nelaton, who saw the patient, considered the case a very remarkable one, as the aneurism has disappeared, and the vessel remains permeable at the seat of the wound. M. Thierry very justly says, that one case is not sufficient to prove the efficacy of any method of treatment, but that the results here obtained are well worthy of attention ; he thinks that further trials will perhaps lead surgeons to treat aneurisms of the limbs by forced flexion, femoral aneurism by flexion of the thigh upon the pelvis, and popliteal aneurism by flexing that leg upon the thigh. If we mistake not, M. Thierry's method is founded upon the principle of pressure, and carried out with a great deal of pain and inconvenience to the patient. If the flow of arterial blood through the sac can be graduated, moderated, and rendered very slow by simple and painless means, as is proved by experience, it is cruel to torture patients by placing them for a whole month in the position given by the immortal statuary to Laocoon.— *Lancet*.

ART. III.—*On the Radical Cure of Reducible Hernia by Injection.* By
DR. JOHN WATSON, Surgeon to the New York Hospital.

[The following case is similar to one recorded in p. 120 of our 13th number, and to others scattered or collected elsewhere, but it is still rare enough to deserve quotation :]

“Joseph A. Seavell, of Ohio, seaman, aged 31, was admitted into the New York Hospital, Nov. 24th, 1851, with a large inguinal hernia, occupying the left side of the scrotum, which had been then protruding for several hours, and had resisted several well-directed efforts for reduction. The patient, for the last four years, had been occasionally troubled by the protrusion, but had never before been baffled in his efforts to reduce it ; and by the use of a truss he had been able to follow his regular occupation. With some little trouble the tumor was reduced by taxis, soon after his admission, and on the 29th of November, having explained my object to the patient and obtained his consent, I attempted to effect a radical cure of the hernia.

“While the patient was lying on his back, with his scrotum and left spermatic cord drawn slightly towards the right side, and with

the integuments over the left external abdominal ring slightly on the stretch, I introduced the point of a delicate bistoury through the integuments, directly down to the crest of the os pubis, the point of the instrument touching without dividing the lower termination of Poupart's ligament, and made to work freely in the loose tissue immediately in front of the ring, but without wounding the spermatic cord. Having made the puncture and withdrawn the bistoury, the nozzle of a small syringe, charged with tincture of cantharides, was introduced through the wound, and about one drachm of this fluid injected into the bottom of the cut, and the hand of the assistant, in the meanwhile resting firmly over the inguinal canal to prevent any portion of the injected fluid from entering this, or passing through the sac into the abdomen.

"The whole procedure was the work of a few seconds, and gave the patient little or no uneasiness. I next applied a compress and spica bandage, to keep the parietes of the inguinal canal in close apposition, and administered an anodyne, keeping the patient on his back, with directions to apply an evaporating lotion, should severe inflammatory symptoms supervene.

"In a few minutes after the operation, he began to speak of the pain from the injection. The sore became more troublesome, and extended for several inches in every direction, but was severest along the ascending tract of the spermatic cord. He slept but little during the following night, but next morning the pain had subsided, a slight soreness only remaining in the part. The patient was at the same time suffering from chancres. I made the treatment of these the pretext for keeping him on his back, with the compress and bandage applied as above, for several days. He spoke of no uneasiness from the operation after the second day. On the 12th of December, he was walking about without his truss, and with no apparent tendency to a recurrence of the hernial protrusion. On the following day, being desirous to join his vessel, which was about to sail for South America, he requested his discharge, promising to write to me, and report the further progress of the case, should the swelling re-appear, and if possible, to report in person, at the close of his voyage. But as yet, I have not heard of him."—*N. Y. Jour. of Med.*

ART. IV.—*New Mode of treating Strangulated Hernia.* By DR.
THOMAS A. WISE, B. E. I. C.'s Service.

(*Edinburgh Monthly Journal of Medical Science*, May.)

[Dr. Wise writes as follows, to Professor Symes:]

“The following are the particulars I promised to send you, regarding a new method of reducing strangulated hernia. While I had charge of a hospital in India, an elderly man was brought to it with a strangulated inguinal hernia. After in vain employing the usual modes of reduction, I was preparing to liberate the gut with the knife, when a Mussulman gentleman suggested that the following method should be first tried, as he had seen it successful. As it appeared most simple and effective, I at once proceeded to try it. The patient was placed upon a table, and a long sheet, folded several times on itself, was carried round the lower part of the abdomen of the patient, was twisted on itself in front, and again on the sides, so as to enable an assistant, standing on each side of the patient, to hold the extremities of the sheet, and to pull them gently upwards, or towards the patient's head, while a third assistant held the feet steady, and the surgeon used the taxis.

“As the gut immediately above the strangulated portion was superficial and distended with air and liquid, it was drawn upwards with considerable force from the hernial sac, which was assisted by the surgeon using the taxis; when the strangulated portion was immediately reduced.

“This simple method may, in a very large portion of cases, be employed with perfect safety and at an early period, before the inflammation and thickening have complicated and increased so much the danger of the operation, which is thus rendered unnecessary.”—*Ranking.*

PRACTICAL MEDICINE.

ART. V.—*Chloroform in Convulsive Affections*:—1. *In Infantile Convulsions, and Other Spasmodic Diseases*. By Professor SIMPSON, of Edinburgh. 2. *In Delirium Tremens*. By Mr. Butcher, of Dublin.

(1. Monthly Journal of Medical Science. 2. Dublin Medical Press.)

[These papers are interesting, from the light they throw upon the *modus operandi* of the remedy, as well as for the evidence they afford of its therapeutical value. In Dr. Simpson's case, depressing measures are tried without success—then chloroform is tried successfully, and, ergo, a presumption that the remedy has acted, not by *depressing* the vital powers, but by rousing them. In Mr. Butcher's case, likewise, we arrive at the same conclusion, from the fact, that the treatment of Delirium tremens, to be successful, must be stimulant. There is nothing in the composition or affinities of chloroform to prevent this supposition, when the remedy is given *in moderation*.]

1. Dr. Simpson's case, and the remarks to which this case gives rise, are to be found in the "Monthly Journal of Medical Science." He proceeds thus :

Case.—The Viscountess —, was confined on the 7th of October. On the 17th of the same month, the child was observed by the nurse to have two or three times during the day, twitchings in the muscles of the face. On the two following days these increased in frequency and extent; on the 20th, the convulsions became far more violent in their character, were more prolonged in their duration, and were repeated with much greater frequency. They continued with little change, and no abatement in their intensity and frequency, for the next fourteen days. Sometimes they affected the right side of the body much more severely than the left. In the mean time Dr. Scott and I tried a great variety of means for their relief, but all in vain. The bowels were well acted upon with mercurials, magnesia, &c.; and every separate function attempted to be brought as near as possible to the standard of health. A new wet nurse was procured, lest the milk might, perchance, have been proving, as it some times does, the source of irritation. The child was placed in a larger and better ventilated room. Ice and iced water

were occasionally applied to the scalp. At one time, when the fits became unusually prolonged, and were not only accompanied, but followed for a time by much congestion in the vessels of the scalp and face, and an elevated state of the anterior fontanelle, two leeches were applied. Liniments of different kinds were used along the spine. Musk, with alkalies, was given perseveringly for several days as an antispasmodic; and small doses of opium, turpentine enemata, &c., were exhibited with the same view. All these, and other means however, proved entirely futile.

As I have already stated, it was on the 20th of October that the fits first assumed a severe character, and they continued without any amelioration for about fourteen days from that period, recurring sometimes as frequently as ten or twelve times in an hour. At last the child, who had hitherto maintained wonderfully his strength and power of suction, began to show symptoms of debility and sinking; and during the fifteenth and sixteenth days of the attack, the fits became still more violent and distressing in their character. They were now accompanied with moans and screams that were very painful to listen to; symptoms of laryngismus and dyspnœa supervened towards the termination of each fit; and in the intervals the respiration as well as the pulse, continued much quickened.

During these last two days of the disease, the exhaustion became so great, the dyspnœa, in the intervals, so distressing, and the fits so very violent and constant, (seventeen were counted in one hour) that Dr. Scott and I gave up all hopes of the possible survival of the infant. We had exhausted all the usual means of relief. Ultimately, but much more with the view of abating the screaming, laryngismus, and other distressing symptoms under which the little patient was suffering, than with any great hope of permanent relief and cure, I placed the child, on the forenoon of the fifth of November, for about an hour, under the influence of the inhalation of chloroform. During this hour there was no recurrence of the fits, but in a short time after the withdrawal of the action of the anæsthetic, the convulsions recommenced with their old violence and frequency. The benefit, however, was sufficient to encourage a longer repetition of the remedy; and from four to eight o'clock in the afternoon of the same day, my assistant, Mr. Drummond, placed and kept the child again under the influence of chloroform, a few inhalations, from time to time, of a very small quantity of the drug, sprinkled upon a handkerchief, and held before the face of the in-

fant, being sufficient for this purpose. It was specially applied at any threatening of the recurrence of a fit, and during the four hours in question, all convulsions were in this way repressed. When the child was allowed to waken up at eight o'clock, it took the breast greedily, and continued well for upwards of an hour, when the convulsions again began to recur. At last, about twelve, P. M., it was again placed under the inhalation of chloroform, and kept more or less perfectly under its action, for upwards of twenty-four continuous hours, with the exception of being allowed to awaken eight or ten times, during that period, for the purpose of suction and nourishment. During most of this period it was carefully watched by Mr. Drummond, and at last the nurse was intrusted with the duty of adding the few drops of chloroform to the handkerchief, and exhibiting them at any time the child was offering to awaken or become restless.

After this long continuation of the chloroform, the child, on being allowed to waken up, as usual drank greedily at the nipple, and immediately fell back into a quiet and apparently natural sleep. The chloroform, and all other formal medication was, in consequence, discontinued; and from this time there was subsequently no recurrence whatever of the convulsions. In about ten days the infant was removed with the family to the country. I have within the last two days (Dec. 18) seen the child as it was passing through Edinburgh. It was strong, plump, and well grown for a child ten weeks, and was, in fact, revelling in the best of health.

“In exhibiting the chloroform to this infant, ten ounces of the drug were expended; but of course a very large proportion of this quantity was lost by evaporation, in consequence of the mode in which it was employed.

“I have known the inhalation of chloroform similarly useful in other cases in arresting infantile convulsions; but I am not acquainted with any instance in which the patient was so young as in the above instance. In the adult, also, especially in cases of puerperal convulsions, I have now repeatedly seen the inhalation of chloroform as signal and satisfactory in its antispasmodic power over the convulsive fits, as it was in the little patient whose case I have just described. Tetanus and epilepsy have been temporarily arrested and controlled by it; and, perhaps, it will yet be found one of our most certain and beneficial therapeutic means in the functional forms

of those different convulsive or spasmodic diseases that are produced, either by an undue excitability of the true spinal system, or by distant morbid irritations acting through this, the excito-motary system. Such reflex convulsive or spasmodic convulsions are, as is well known, particularly common in infancy and childhood. I have seen its use arrest laryngismus, colic, hiccup, &c.; and cases have been detailed to me of its occasional successful use in asthma, spasmodic urethral stricture, &c. But there is one common and too fatal spasmodic disease, almost confined to the period of childhood, in which I have seen anæsthetic inhalations successful in arresting and controlling the paroxysms, and where probably a more extended and persevering use in the employment of them would be found to be attended with beneficial effects. I allude to whooping-cough. I have known chloroform inhalations greatly to abate the irritability of the cough attendant upon phthisis, &c. But with others I have scrupled to use chloroform inhalations in whooping-cough, under the fear that they might possibly increase the great predisposition, which exists in this affection, to pneumonic inflammation, or aggravate that inflammation if it were already present. This, *a priori* reason, however, against the use of chloroform inhalations as an antispasmodic in whooping-cough, has of late been set aside by the observation and experience of different German physicians. In a paper, containing some remarks relative to the medical uses of chloroform, published in the 'Monthly Journal' for December, 1847, in addition to its employment as an antispasmodic, anodyne, &c., I suggested the possibility of the drug acting as a contra-stimulant in some inflammatory diseases, and particularly those of a painful kind. Latterly, we have had records published of its employment in upwards of 200 cases of pneumonia in German practice. Out of 193 cases of pneumonia treated with chloroform inhalations by Wachern, Baumgartner, Helbing and Schmidt, 9 patients died, or the mortality amounted to $4\frac{1}{2}$ per cent. Dr. Varrentrapp has given chloroform in 23 cases of pneumonia in the Frankfort Hospital. One of these 23 patients died. The detailed results in the other 22 cases seems to have been sufficiently satisfactory. At all events, the effects of the chloroform inhalations upon the cough, expectoration, &c., and upon the general course of the disease, would appear to show that we need have no fears of deleterious effects from it, as far as regarded the chance or existence of pulmonary inflammation; whatever advantages we

may derive from it in relation to its prevention of that inflammatory state by allaying the cough, keeping the lungs in a relative state of quietude, and abating or restraining the succession of characteristic spasmodic attacks. I speak, of course, of the more severe cases of pertussis; for the milder forms of it require care merely, rather than actual treatment."

[2. Mr. Butcher's case is in the "Dublin Medical Press." It is follows:]

"The following very aggravated case of delirium tremens was admitted into Mercer's Hospital, under my care, and treated most successfully by the *internal* administration of large doses of chloroform. I am not aware of the remedy having been used in England, and I thought I was the first who had tried it in this country; but from a recent conversation with Dr. Neligan, it appears he employed it some months ago also in a case of delirium tremens, to subdue extreme maniacal excitement which was present. The practice, however, comes recommended from America, ('American Journal of Medical Sciences,' January, 1822,) and so far as a single case can speak, mine confirms the favorable report given of it, and still further goes widely to proclaim the powerful agency of the medicine over this inexplicable derangement of the nervous system.

"William Magrath, aged 26, a powerful young man, by trade a wine-porter, was admitted into Mercer's Hospital, June 35th, 1852. During the last four years he had been in the habit of consuming large quantities of spirits of various kinds—wine, whiskey, porter, &c., seldom to that extent as to produce stupid intoxication, but constantly keeping up for days together a state of the greatest nervous excitement. A day scarcely ever elapsed without a large quantity of stimulus being taken. About a fortnight before his admission, he commenced to drink more freely than before, and as I am informed by his wife, came home drunk every night for a week. He then, through the interposition of friends, was arrested in his career, and promised to abstain from ardent spirits altogether. His stomach became very irritable; nothing in the way of food would rest upon it. He was depressed, and sunk into a state of temporary inaction or collapse. This condition did not last more than forty-eight hours, when violent reaction of the nervous and vascular system was fully established. Medical assistance was sought, but no medicine would stay upon the stomach, so that the symptoms gained ground. When such was found to be the case, the patient's

friends had him removed to the hospital. When admitted, four days had elapsed from the time of his giving up the stimulus, and he had no sleep during that period. A train of symptoms consonant with the highest nervous irritation was present. His countenance was particularly anxious, with a wild expression; the pathognomonic symptom, tremor of the hands and tongue, fully established. His speech was hurried and uneven; he was quite irrational and wild, constantly looking around, apprehensive of some imaginary danger; pulse 120; surface of the body hot and burning, while his face was covered with perspiration, and his hair drenched in sweat. He was put into bed, but would not remain quiet, got up, and kept constantly walking up and down the ward and corridor. He was ordered two grains of calomel and a grain of opium in pill, to be taken every third hour. He had taken three, but each was vomited almost immediately after being swallowed. I then tried morphia in combination with creosote and camphor; a grain of morphia, two drops of creosote, and an ounce of camphor mixture, given every third hour. The draughts were likewise rejected. If the patient only took a sup of cold water to moisten his parched mouth and lips, it was instantly rejected.

“On the following morning, the 26th, his condition was a great deal worse. He never stopped quiet for a moment, from the time of his admission, at 10 o'clock on the previous morning, up to this time, a period of twenty-four hours. He was walking about all night, with a keeper in attendance. His countenance was more mild: the eyes starting from his head: he was more delirious and more haunted with illusory apprehensions of a frightful nature; the tremor of the tongue was greatly increased, and now the lower extremities participated in it more violently than the upper.

“The case at this period was a very serious one. From the irritability of the stomach, opium in any form could not be got to rest upon it. As for the idea of administering repeated small opiate enemata in this powerful, restless, and uncontrollable young man, the practicability of it could not be entertained for a moment, though sanctioned by the high authority of Dupuytren. It may be said the object would be attained by force, but that I could not sanction. All through, it may be observed, I permitted the man to walk about the ward at will, closely watched. I have the greatest possible aversion to restraint in this disease. (I separate altogether from the present

question the treatment of traumatic delirium after fractures.) I have seen a man in delirium tremens, from being held down and overpowered, thrown into epileptic convulsions, and I have seen a man die from ineffectual efforts to shake off and liberate himself from the strait-waistcoat. From the satisfactory issue of the two cases reported in the periodical already referred to, I determined on a like practice,—the internal administration of chloroform.

“ At 10 o'clock this morning, (26th,) I administered one drachm of pure chloroform in two ounces and a half of water. In an hour after swallowing it, the patient became comparatively tranquil, and could be persuaded to lie in bed. When in the recumbent posture, the spastic short contractions of the muscles of the lower extremities, as well as those of the upper, were as marked as in the erect position.

“ 11 o'clock.—He began to get drowsy, and slept for periods of ten and twelve minutes at a time. At a quarter before one o'clock, he became fully affected by the medicine, and fell into a quiet steady sleep; and on visiting him at 2 and 4 P. M., he was still in profound sleep, and continued so until 7 in the evening. During this long sleep of six hours, he was calm and quiet, his pulse fell from 120, which it was in the morning, to 96, at which it remained; his respirations were between 16 and 20 in the minute, and not louder than natural; the temperature of the body was exalted. All along heat was maintained to the feet, and a pure current of air circulating around him, the windows being kept open. On his awakening, he was nearly or quite sensible, and I took advantage of this pause to administer a full stimulant cathartic, consisting of six grains of calomel and ten of camphor, not only with the intention of freeing the bowels of accumulated matter, but likewise to guard against congestion of the brain. Orders were left, in case he should not sleep before ten, to administer half a drachm of chloroform in two ounces of camphor mixture.

“ 27th, 10 A. M.—The patient went to sleep almost immediately after swallowing the bolus on last evening, so that he did not require the chloroform draught. His bowels were opened three times very freely during the night, and his condition is in every way greatly improved. He is quite rational, and answers every question sensibly; his pulse 96, considerable volume: skin cool; after being interrogated, he quietly turned on his side and went to sleep.

"3 P. M.—His bowels have been several times opened since morning, yet his pulse has risen to 110; the temperature of the body is also increased; he is hot and burning; altogether he is excited, and fear of horrible objects around him has returned. On the presence of those symptoms, I at once repeated the full chloroform draught. Shortly after, he took a large drink of tea, which was inadvertently left beside his bed, which produced vomiting immediately; however, I was satisfied to let him remain without any further medicine until evening.

"9 P. M.—Since my last visit the patient has slept, at short intervals, for one and two hours at a time; pulse still up to 110. Ordered the chloroform draught, one drachm to two ounces and a half of camphor mixture, to be repeated.

"28th.—After the patient had taken the draught last night, he fell into quiet sleep, which continued uninterrupted until eight o'clock this morning. He awoke quite collected and rational; his pulse 90; skin cool; his tongue and extremities quite free from tremor, and he feels in every respect well; his appetite is returned, and all food is retained on the stomach. Ordered a grain of morphia, in an ounce of mixture, to be given at night.

"29th.—This morning the patient is quite restored; he is sitting up eating his breakfast heartily in bed; in short, he is quite convalescent, and only requires a little nourishment to remove the debility consequent upon a severe struggle.

"In reference to the administration of chloroform in the foregoing case, there is one point which solicits our closest attention—namely, the remarkable lowering of the pulse, when the perfect effect of the medicine was produced; the pulse, in fact, might form the index to direct the practitioner as to the propriety of a repetition of the dose. Again, as a precautionary measure, I consider it desirable to keep heat to the feet and a current of pure air circulating around the bed and through the apartment in which the patient lies.—*Ranking*.

ART. VI.—*On the Curability of Phthisis Pulmonalis*. By (1) Prof. J. HUGHES BENNETT, and (2) Dr. RICHARD QUAIN.

1. Edinburgh Monthly Journal of Medical Science, April. 2. The Lancet, June 12th.

[This subject is of deep and paramount interest; for, notwithstanding the abundant proof which has been accumulated of late

years, it is still the opinion of the majority of the medical profession, as it is of the public generally, that phthisis pulmonalis is incurable. In those cases in which recovery would seem to have taken place, the correctness of the diagnosis or anything else is doubted rather than this cherished dogma. It is no small matter therefore, to explode this fatal fallacy—fatal in a thousand ways; and hence we hail with more than ordinary satisfaction such communications as those with which we are now concerned.

Dr. Bennet's remarks on the curability of pulmonary consumption form part of a clinical lecture delivered at the Royal Infirmary at Edinburgh, and reported in the *Monthly Journal of Medical Science*. The immediate subject of them was a patient whose name was Barclay, in whom symptoms of a phthisical nature had undergone rapid and unmistakable amendment. Dr. Bennett proceeds thus:]

“Up to a very recent period, the general opinion has been, that phthisis pulmonalis almost always marches on to a fatal termination; and that the cases of its arrestment which were known to have occurred, were so few as merely to constitute an exception which proved the rule. Morbid anatomy has now, I think, demonstrated that tubercles, in an early stage, degenerate and become abortive with extreme frequency. In 1845, I made a series of observations with reference to the cretaceous masses and puckering so frequently observed at the apices of the lungs in persons advanced in life. The conclusion arrived at was, that the spontaneous arrestment of tubercle in its early stage occurred in the proportion of from one-third to one-half of all the individuals who die after the age of forty. The observations of Rogee and Boudet, made at Salpêtrière Hospital, in Paris, amongst individuals generally above the age of seventy, showed the proportion in such persons to be respectively one-half and four-fifths.

“That the cretaceous and calcareous concretions, accompanied with puckerings, are really evidences of abortive tubercles, is established by the following facts:

“1. A form of indurated and circumscribed tubercle is frequently met with, gritty to feel, which, on being dried, closely resembles cretaceous concretion.

“2. These concretions are found exactly in the same situations as tubercle. Thus they are most common in the apex, and in both

lungs. They frequently occur in the bronchial, mesenteric, and other lymphatic glands, and in the psoas muscle, or other textures which have been the seat of tubercular depositions, or scrofulous abscesses.

“3. When a lung is the seat of tubercular infiltration throughout, whilst recent tubercle occupies the inferior portion, and older tubercle, and perhaps caverns, the superior, the cretaceous and calcareous concretions will be found at the apex.

“4. A comparison of the opposite lungs will frequently show, that whilst on one side there is a firm encysted tubercle, partly transformed into cretaceous matter, on the other the transformation is perfect, and has occasionally even passed into a calcareous substance of stony hardness.

“5. The seat of cicatrices admits of the same exceptions as the seat of tubercles. In one case, I have found the puckering and cicatrix in the inferior lobe only; and have met with three cases, where the superior lobe was throughout densely infiltrated with tubercle, whilst the inferior was only slightly affected.

“It has indeed been argued, that occasionally these cretaceous masses may be the result of a simple exudation, or of what Dr. Gairdner has called bronchial abscess in the lung. When they are found isolated in the middle or base of the organ, such certainly may be the case, and consequently the fifth argument may be affected. But this is rare, and can scarcely make any alteration in the vast proportion of those concretions and puckerings which are undoubtedly the result of abortive tubercles. With these facts before us, and with the knowledge that there is nothing in the nature of tubercle itself which is opposed to the evidence of these anatomical facts, the frequent spontaneous cure of tubercle may now be considered established.

“Since these observations, however, have become known, it has been stated that after all, practically speaking, phthisis pulmonalis does mean the existence of a few isolated tubercles scattered through the lung, and that what is really meant is that advanced stage in which the lung is affected with ulceration, and in which the bodily powers are so lowered, that perfect recovery seldom or never takes place. But here again a careful examination of the records of medicine will show that many even of these advanced cases have recovered. Laenec, Andral, Cruveilhier, Kingston, Pressat, Rogee,

Boudet, and others, have published cases where all the functional symptoms and physical signs of the disease, even in its most advanced stage, were present, and yet where the individual survived many years, ultimately died of some other disorder, and on dissection, cicatrices and concretions have been found in the lungs.

“I here show you a preparation, exhibiting a remarkable cicatrix in the lung, which I have described and figured in the ‘Monthly Journal,’ for March, 1850. As it is short, I may quote it.

“‘John Keith, æt. 50, a teacher of languages, was admitted into the Royal Infirmary, February 5, 1844, in a state of coma, and died an hour afterwards. On examination, the membranes of the brain at the base, were unusually congested, and covered with a considerable exudation of recently coagulated lymph, here and there mingled with bloody extravasation. The apex of the right lung presented a remarkable cicatrix, consisting of dense, white, fibrous tissue, varying in breadth from one-fourth to three-fourths of an inch, and measuring about three inches in length. The pleural surface in its neighborhood was considerably puckered. On making a section through the lung, parallel with the external cicatrix, the substance immediately below presented linear indurations, of a black color, together with five cretaceous concretions, varying in size from a pin’s head to that of a large pea. The surrounding pulmonary substance was healthy. The apex of the left lung was also strongly puckered and contained six or seven cretaceous concretions, each surrounded by a black, dense, fibrous cyst.

“‘A very respectable-looking and intelligent man, who attended the *post-mortem* examination, informed me that Keith, in early life, was in very indifferent circumstances, and had supported himself as a writer. At the age of two-and-twenty, or three-and-twenty, he labored under all the symptoms of a deep decline, and his life was despaired of. About this time, however, he was lost sight of by his friends; but it was afterwards ascertained that he had become a parish schoolmaster, in the west of Scotland, and that his health had been re-established. He returned to Edinburgh six years before his death, and endeavored to gain a livelihood by teaching Latin and French. He succeeded but very imperfectly, and fell into dissipated habits. Latterly, he had become subject to attacks of mania, apparently the result of drink. It was after an unusually severe attack of this kind that he was brought to the Infirmary, where he died in the manner previously described.’

“The case points out the following important facts: 1st. That at the age of 22 or 23, the patient had a tubercular ulcer in the right lung, the size of which must have been very considerable when the contracted cicatrix alone was three inches long. 2d. That tubercular exudations existed in the apex of the left lung. It is, therefore, very probable that the statement made by his friend at the examination was correct—namely, that he labored under all the symptoms of advanced phthisis pulmonalis. It is shown, 3dly, That after receiving the appointment of a parish schoolmaster, after changing his residence and occupation, while his social condition was greatly improved, these symptoms disappeared. We may consequently infer, that it was about this period when the excavation on the right side healed and cicatrized, while the tubercular exudations on the left side were converted into cretaceous masses, and so rendered abortive. It demonstrates, 4thly, that when, at a more advanced age, he again fell into bad circumstances, and even became a drunkard, tubercular exudations did not return, but that delirium tremens was induced, with simple exudation on the membranes of the brain, of which he died.

“Further, I have conversed with most of the distinguished physicians in this country and on the Continent, and find that they are all enabled to refer to cases which they are now satisfied have undergone a permanent recovery, even when cavities have existed in the lungs, and all the advanced symptoms of the disease have been present. I once made an effort to accumulate the experience of these distinguished men, on this point alone, and had I done so, it would have constituted an unanswerable amount of evidence as to the curability even of the worst cases of phthisis. Want of time, however, prevented them from writing down the facts. But it is unnecessary to refer you to recorded cases, when the facts stands before you in the case of Barclay. Its comparative frequency, indeed, might be illustrated by such an inquiry, and I believe this to be much greater than is generally supposed; but to the great fact itself, nothing more can be added in the way of evidence than that which is before you; namely, this remarkable cicatrix found in the lung of Keith, and a careful examination of the lad Barclay now in the ward. So deeply rooted, however, has been the opinion of the necessarily fatal nature of this disease, that the generality of practitioners have concluded, that *because* phthisical cases recovered, the

disease was *not* phthisis ; that is, they have rather distrusted their own diagnosis than ventured to oppose a doctrine of general belief.

“ But although the fact of the curability of phthisis pulmonalis, even in its most advanced stage, can no longer be denied, it has been argued that this is entirely owing to the operations of nature, and that the physician can lay little claim to the result. Andral, who early admitted the occasional cicatrisation of caverns, states this in the following words : ‘ No fact,’ he says, ‘ demonstrates that phthisis has been ever cured ; for it is not art which operates in the cicatrisation of caverns ; it can only favor this, at most, by not opposing the operations of nature. For ages, remedies have been sought either to combat with tubercles, or to destroy them when formed, and thus innumerable specifics have been employed and abandoned in turn, and chosen from every class of medicaments.’ But if it be true, according to Hoffman, that ‘ *Medicus naturæ minister non magister est,*’ it follows that, by carefully observing the operations of nature, learning her method of cure, imitating it as closely as possible, avoiding what she points out to be injurious, and furnishing what she evidently requires, that we may at length arrive at rational indications of cure. Both the cases of Keith and Barclay, in my opinion, furnish evidence that we have in a great measure attained this end.”

2. [Dr. Richard Quain furnishes us with an abundant number of facts in proof of the same position—the curability of phthisis—from among the out-patients of the Hospital for Consumption and Diseases of the Chest, at Brompton ; and he still continues to draw upon the same source. Of these facts we take one as an example :]

“ CASE 1.—*Tuberculous Deposition in both Lungs ; Formation of a Cavity in one ; Arrest of the Disease ; Progress of Cicatrisation ; Death by another Disease ; Appearance found in the Lungs.*—The lungs in this remarkable case were presented to the Pathological Society of London, and full details are published in their ‘ Transactions’ for last year. I shall therefore give but a summary of its leading features :

“ A female in her thirteenth year became an out-patient of the hospital in May, 1848. She had suffered, during the preceding winter, from impaired health, cough, and the ordinary symptoms of consumption. The deaths of two sisters by this malady show that she was predisposed to this disease. Marked dullness, bronchial

voice, and breath-sound at the apex of the left lung, gave proof of the presence of much tuberculous deposit there; a feeble inspiratory, and loud expiratory, murmur at the apex of the right lung, showed the presence of tuberculous deposit, but to a limited extent, in this situation. She had been unable to take cod-liver oil in its ordinary form. A mixture containing this material, combined with liquor potassæ, and formed into an emulsion, was prescribed, and well borne. A cough syrup was also prescribed, and some mild counter-irritation.

“ In the following August, softening of the tuberculous deposit in the left lung had commenced. She had profuse hæmoptysis, and subsequently abundant puriform expectoration. Crepitation was at this time audible over the former seat of dulness; and shortly after, cavernous breathing indicated the presence of a cavity. The patient's state at this time was unpromising. The cod-liver oil was increased in quantity, symptoms were treated as they arose, and extreme care was taken of her during the winter. In December she had decidedly improved in health. She continued to improve slowly until August, (1849,) when it was noted that ‘ there is flattening of the chest over the apex of the left lung; the respiration, though cavernous, is not loud; pectoriloquy is distinct; respiration at the right apex, is somewhat puerile.’ The improvement during the winter continued. She took the cod-liver oil, and infusion of gentian with soda and hydrocyanic acid, when the stomach was out of order. Thus favorably she went on, and in the following October she came to the hospital, looking remarkably well, having grown tall and stout. She had scarcely any cough, no expectoration, was free from suffering, and spent her time much as other girls of her age. An examination of the chest showed remarkable contraction over the summit of the left lung, the mobility greatly diminished, being in the proportion of nine to thirty-two of the right apex. The breath-sound under the left clavicle had a sharp, whiffing character, accompanied by slight crepitus; the dulness above the spine of the scapula was more marked, and respiration was scarcely audible there; the right lung was traced, extending to the left border of the sternum, and over this lung the respiration generally had a puerile or supplementary character. The most remarkable phenomenon, however, was connected with the heart's action. This organ was drawn upwards and inwards, affording an impulse which was chiefly

felt between the cartilages, of the second and fourth left ribs. The treatment was continued during the winter, and her improvement was progressive. In the following March, during the prevalence of the influenza, she was seized with vomiting and purging, and sank rapidly on the fourth day of the attack.

“The post-mortem examination, made by Mr. Harris, of Clapham, who had watched the case with great interest, showed appearances entirely corresponding with the facts ascertained during life. As these appearances are fully described in the ‘Transactions’ referred to above, I shall give but a short summary of them here.

“1. Nearly the whole of the upper lobe of the left lung was occupied by a cavity now reduced to the size of a large walnut, lined by a distinct membrane, and surrounded by condensed walls. This lobe was very greatly contracted in size. A considerable portion of the lower lobe was permeable to air. It contained some points of old tuberculous deposit.

“2. The right lung was large, and extended across the sternum. Its apex was puckered, and throughout its substance were some points of old tuberculous deposit. There was *no appearance whatever in either lung of recently deposited tubercle.*

“The space rendered vacant by the contraction of the left lung around the cavity, was occupied by the heart, which was drawn upward and to the left side, and by the walls of the apex of the chest, which had fallen inward and downwards. The mucous membrane of the alimentary canal was congested: there was no material disease of any other organ.”—*Rankin.*

OBSTETRICS.

ART. VII.—*On the Final Cause of Menstruation.* By DR. F. H. RAMSBOTHAM.

If it is really the case, of which there seems to be no doubt, that at each menstrual period in the human female the fimbriated extremity of one or both of the Fallopian tubes embraces an ovary, and causes a graafian vesicle to burst and shed its contents into the canal, it would naturally be inferred that the formation of this fluid is subservient to the departure of the ovule from its ovarian bed, and designed to form some important function in relation to its escape.

Now, it would appear probable that the function is identical with the nutrition of the young ovum, and that the menstrual discharge, indeed, is nothing else than the rudiments of the deciduous membrane itself, or rather that it would have become the deciduous membrane, provided conception had occurred. And I think the identity of these two products is established by the following considerations:

An ovule ripe for impregnation, parts from the nest in which it had been elaborated, being conveyed by the grasp of the Fallopian fimbriæ. At the same time, nature establishes an action for the purpose of preserving it, provided an opportunity of becoming impregnated by contact with the male semen is afforded it. Should that contact take place, and conception follow, the fluid formed is retained in the uterus, and is gradually converted into the deciduous membrane, which becomes the first medium of communication between the newly animated ovum and the maternal vessels. If, on the contrary, conception does not happen, the ovule perishes, and the fluid secreted for its advantage not being required, is allowed to exude externally, as a superabundant and useless secretion.

This supposition, indeed, would require us to believe that the ovule may be impregnated, as well as the Fallopian tube, after its escape from the ovarium, as in the ovarium bed itself; and I can find no difficulty in believing that such should be the case. In the genus aves, for example, the eggs are impregnated after they have escaped from the ovarium, and in that of pisces the same takes place, not only after they have parted from the ovarium, but even after they have been expelled from the body of the parent altogether; so also in amphibia, as in frogs.

The variation in regard to the time that elapses between conception and the commencement of labor, observable not only in different women, but also in the same women on different occasions, may perhaps be accounted for by the part of the Fallopian tube at which the ovule becomes impregnated; the nearer to the uterus the ovum was, the shorter the time probably that would elapse before it arrived at the uterine cavity; the nearer to the fimbriæ, the longer would be the time, because it would have a larger portion of the Fallopian tube to traverse. The period of utero-gestation, properly so called, that is, the length of time the ovum remains within the uterine cavity, is, in my estimation, definite; while the time of

transit through the tube varies considerable, after impregnation has been effected ; and this variation will be sufficient to explain the difference above alluded to.

The view which I have taken of this question is strengthened by the facts, that the menstrual fluid and the decidual membrane seem both to be formed by the same tubular glands lately discovered in the uterine substance—that the decidua when first formed is of the consistence of a viscid fluid—that in dysmenorrhœa a membrane is not unfrequently formed within the virgin uterus, which has very much the external character of the decidua, and indeed can sometimes be scarcely distinguished from that membrane, the result of impregnation—that those females who menstruate irregularly or painfully, are not so obnoxious to pregnancy as those in whom the function is normally performed—that the catamenia will sometimes appear once soon after impregnation, as though more fluid had been afforded than was required for the purposes intended—and especially, that as in the lower animals no deciduous membrane is formed, therefore there is no necessity for any menstrual secretion ; and we know that woman is the only animal subject to this peculiarity.

The position, then, deducible from the foregoing observations, is, not only that whenever impregnation occurs, a secretion is elaborated by the uterus for the purpose of affording nourishment to the ovum, but that, independently of conception taking place, an ovule, even in the virgin, passes periodically from the ovarium into the Fallopian tube, and at the same time the same provision is made by nature for its preservation, in anticipation of its becoming vivified ; but that if this vivification is not affected, the fluid formed flows away, is cast off, indeed, as effete matter, and is what we properly call the menstrual discharge.

The periodical return of this discharge cannot be considered as militating against this theory, but rather supporting it ; not only because we have constantly before our eyes instances of functions in the body performed with periodical exactness, but also because we know that in those of our graminivora which bring forth but once annually, the season of conception is so determined that the young should be produced in the spring. Thus the mare and the ass, whose period of gestation is eleven calendar months, conceive almost immediately after parturition—the mare on the ninth day after, the ass on the seventh—to the evident intent that a new progeny

may be reared in the summer months. The cow, whose period is nine months, does not, however, conceive till three months after her last birth. The sheep and goat, which carry their young five months, will not take the male till the end of autumn; and the hare, whose term is only thirty days, does not become impregnated until eleven months have passed since the last parturition. This extreme variation in these different races of animals is evidently instituted with one single object, namely: that the young may be produced into the world at that season of the year most favorable for their nurture. And if nature has been so precise in regard to the lower animals, we cannot wonder that she has displayed an adherence to a similar system in the case of the females of our own species, or that there should exist in the human subject the same kind of periodicity in regard to the perfection and escape of the ovule from the ovarium.

Nor can the waste which such a frequent loss of the ovule must entail on nature be regarded as an objection, since we see, as well in the animal as the vegetable kingdom, loss, to an enormous extent, exactly of the same description going on. How few seeds, comparatively, even after fecundation, become productive, and what a whole destruction of organic life is there not witnessed in the case of fishes. Of the million or the million and a half of ova expelled from the ovarium of the sturgeon, for instance, how few are fecundated, and how few of those that are fecundated survive to be elevated into the existence of a living independent animal. If nature permits such a waste to be inflicted upon her, in the reproduction of one genus of animals, we cannot surely find difficulty in believing that the same prodigality (so to speak) may, in a minor degree, influence her operations in the human subject.—*Braithwaite's Retrospect.*

ART. VIII.—*On the Manufacture of Sponge Tents.* By DR. DIGBY.

[The following directions are given:]

“A piece of tolerably fine sponge, previously well dried, should be soaked in *Mistura Acaciæ*, and rolled up into a cylindrical form, somewhat in the shape of a small cigar, tapering to a point at one end. The other, or thick end, must be rolled round a middling-sized awl, partly for the purpose of leaving a central perforation into which the end of the instrument which carries it is to be inserted,

and partly to fix it, while a piece of stout cord is wound tightly and closely round it from the thick end up to the point. By this means, the sponge is powerfully compressed into the cylindrical form above mentioned, and if well dried, becomes as hard as a piece of wood, and retains its compressed state perfectly when the cord is removed. Any little projections or roughnesses may be trimmed off with a sharp knife; and, lastly, the tent is to be dipped several times in melted tallow rendered harder by the admixture of a little white wax, until it has become thickly coated. A piece of string or tape is fastened to the lower or thicker end to assist in removing it from the os uteri when expanded. The heat of the part soon melts the unctuous covering, and thus enables the tent to slide up in its own grease as it gradually melts, when otherwise it might have been difficult to introduce it. The secretions of the part slowly pervade the sponge, and dissolve the hardened gum with which it has been soaked, and the sponge gradually expands as it returns to its full size."

"Twelve hours is usually a sufficient period to effect this in; and the degree of dilatation produced will guide us to the introduction of a larger tent on the removal of the first."—*Med. Times*.

ART. IX.—*Vomiting as an Indication for the Induction of Premature Labor.*

In a recent discussion on the propriety of inducing abortion, which originated in a memoir by M. Lepoir, M. Dubois stated the results of his experience with reference to obstinate vomiting in pregnancy. He showed that it is frequently a much more severe occurrence than is commonly supposed, he having met with twenty fatal cases in his own practice. He considered that obstinate vomiting is but an exaggeration of ordinary vomiting of pregnancy due to some peculiar nervous excitability on the part of the patient, and that it is not caused by any special organic lesion. This, he thinks, is shown by the fact that *post mortem* examinations reveal nothing explanatory, and, moreover, that the vomiting in such cases, ceases if the fœtus dies, even though it may not be expelled till subsequently. He referred, during his remarks, to instances in which an apparently hopeless case had been saved by this *spontaneous* death of the fœtus, and from this ventures upon the practice of active interference for the

same purpose. In reference to this question he furnished notes of three or four cases in which he performed the operation of inducing abortion. Of these, three died and one recovered, which made the number of cases of recovery within his own knowledge as many as eight or nine. In regard to the time for inducing abortion in such cases, M. Dubois lays it down as a rule that it should never be done when signs of extreme exhaustion are present, such as a loss of vision, coma, delirium, &c. On the other hand, he thinks it inadmissible when the stomach is able to retain some nutriment, the patient having sufficient strength to keep about. The condition which, in his opinion, justifies this interference is characterized as follows :

1. Almost incessant vomiting, by which all alimentary matter is rejected, as well as even plain water.
2. Emaciation and debility.
3. Marked change in the features.
4. Excessive acidity of the breath.
5. Failure of other measures.—*Ranking.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—*MATERIA MEDICA, OR PHARMACOLOGY AND THERAPEUTICS.* By William Tully, M. D., Vol. 1, No. 1, Nov., 1852, Springfield, 1852. Oct. pp. 64.

The reputation of the author, and not the intrinsic merits of the work, entitle it to the notice of the medical periodical press. Prof. Tully's name has long been familiar to the profession of our country ; chiefly for his "Essay on Fevers," and other subjects, in connection with the late Dr. Minor, and also as a teacher of Therapeutics in the Medical Schools of Castleton and New Haven. No one at all acquainted with Prof. T., doubts his extensive knowledge and acquirements, as gained from reading. The standard works on medicine, of every age, and in every language, almost, have been carefully examined by him, and their contents treasured up in his retentive memory. No one can discourse more fluently or more agreeably on

subjects relating to medical science ; no one has more zeal and enthusiasm in the pursuit of knowledge, and few, if any, have attained a more intimate acquaintance with our indigenous *Materia Medica*. But with all these advantages, Dr. T. has been by no means fortunate in his professional career. His early writings displayed an egotism, self-conceit, and acerbity of feeling towards those who differed with him in opinion, which prejudiced many against him. Not satisfied with combatting the views of his opponents, he impeached their motives and their honesty, gainsayed their sincerity, and endeavored to overwhelm them with opprobrious epithets and abuse. An ardent advocate for the use of powerful stimulants and large doses of alcohol and opium in fevers, he denounced those who resorted to blood-letting and antiphlogistics as murderers and block-heads, whose ignorance and stupidity could only be paralleled by their recklessness and hardihood. Many years have now elapsed since the profession in New England were arrayed into two great parties, with Dr. Tully at the head of one, and Dr. Gallup the other ; dealing hostile blows, and denouncing each other in language by no means complimentary or civil. If the profession has made no advance in Science, it certainly has in manners, within the last quarter of a century, and we are happy to find that the author of this work has participated in this advance, more, even than we had expected to find. It argues well for the future.

Prof. Tully first proceeds to define *Materia Medica* or Pharmacology, as he understands it, and occupies several pages, very unnecessarily, in criticising the definitions of others, as Cullen, Murray, &c. He then proceeds to discuss the *modus operandi* of medicines, and continues it through the remainder of the number. We shall only call attention to some of the errors embraced in this part. To the definitions of health and disease, no special objection can be made. They are such as are generally found in works on Pathology and Practice. Dr. T. maintains that "every narcotic, when pushed far enough, always produces some sort of spasms or convulsions, as, first tonic, like Epilepsy, second sub-tonic, like those of common convulsion, and of Hysteric convulsion, and third, exquisitely tonic, like Tetanus, Rabies, &c." He then proceeds to lay it down as a general rule, that no narcotic which produces a given sort of spasm or convulsion should ever be given in diseases, essentially consisting of the same sort of spasm or convulsion. It is a sufficient reply to

this, to say, that it is purely hypothetical ; rests on no solid foundation in fact, nor is it true "that these different sorts of spasm or convulsion are specific in comparison with each other." • Chloroform is a powerful narcotic ; it does not often cause spasms, but death results usually, when it is carried far enough, with perfect relaxation of the whole muscular system ; but sometimes it causes violent convulsions, which may be of a tetanic or clonic character, varying in kind and degree, from causes wholly hidden from us. And the same remark will apply to alcohol, ether, opium, belladonna, &c. The merest tyro in medicine knows all this, and that "the different sorts of spasm or convulsion are" not "incompatible with each other."

Dr. T. remarks that "it may be considered as absolutely certain, that when narcotics are taken to such an amount as to destroy life, this effect is always produced either by an interruption or suspension of the functions of the nerves of involuntary and instinctive expressive motion ; or of the nerve of involuntary and instinctive chemical action, nutrition, and reproduction." What these nerves may be, is doubtless known to the writer ; we hope in the next number he will point them out, by the terms generally in use. We suppose he refers to the respiratory nerves, and the sympathetic, or ganglionic. If so, the statement is wholly erroneous, and needs no argument to refute it.

The author supposes that *Nux Vomica* "besides destroying life in the two ways in which narcotics do," it exhibits another mode of producing this effect, viz : by a peculiar action and influence upon the nerves of voluntary motion, *thereby fixing them* in paroxysms of intense tonic spasms, which gradually become more frequent and more protracted, till at last, they continue so long that the muscles of respiration can never again be brought into action"! This is all new, but unfortunately not true ; whoever supposed that nerves were thrown into spasm ? We were not aware that they had the power of contraction. The writer seems never yet to have heard of the reflex function of the spinal cord. We commend him to the study of some good treatise on Physiology.

Many new terms are introduced, the signification of which is nowhere explained, such as *leantics*, *hydrotagogues*, *antisbestics*, *adenagics*, *inagogues*, *acinetie*, *agenesia*, *aphoria nothous*, *sub acinesia*, *euphunic*, *simonagin*, &c., &c. If the object of the author is originality, he has attained it, so far as the use of barbarous words and phrases

goes ; but the utility is not so obvious. There are whole classes of medicines, which the writer believes to be only palliatives, and never curative, as emollients, demulgents, antacids, diuretics, diaphoretics, cathartics, &c. Medicines only act upon the solids, and never by absorption, or through the medium of the blood ; the lining membrane of the stomach is the principal surface on which impressions are made, which are thence transmitted to every part of the body. Nutrient enemata “are not only altogether worthless, but even positively injurious,” and “the idea of nourishing the system in this manner is a perfect chimera, as there are no lacteals in the stomach and colon.” Stranguary is never produced by absorption of the Spanish fly, but from sympathy between the bladder and skin. “The lining membrane of the blood-vessels is a mucous membrane,” and as they are supplied by the great sympathetic nerve, if medicines are injected into them, they may produce some effort by the sympathy existing between this nerve and other parts of the body ; the mucous membrane of the bladder cannot be very susceptible to the action of remedies, inasmuch as complete intoxication will pass off, while the bladder contains sufficient of the intoxicating agent, (*amanita muscaria*,) as to effect five other persons in the same manner. (How did it get there ? “Disease never has its primary and essential seat in the blood, but always in the beating, moving, and sensitive solids.”

That medicines are ever taken into the blood unchanged, Dr. T. calls a “preposterous and absurd hypothesis,” although it is admitted by all physiologists and experimenters, and can be demonstrated by any one who wishes to arrive at the truth. What, then, are we to think of a writer, at this time of day, who says, “no part or portion of one medicine in fifty, or a hundred, ever leaves the alimentary canal, except to pass off with the feces ; and when some part or portion of a medicine happens to be capable of being taken into the mass of the circulating fluids, it produces all its medicinal effects before it is so taken up ; and no medicinal effect after it leaves the alimentary canal” ! Argument on the last attested facts, of which modern writers on therapeutics abound, would be wholly thrown away, when presented to such a mind. But we may refer to a few of the well established facts showing such absorption.

If medicinal substances are received into the alimentary canal, or injected into the cellular tissue or serous cavities, they disappear in a

short time; as when a solution of oxalic acid is injected into the peritoneal sac of a cat; in 14 or so, minutes the animal will perish, and not more than one drachm of the solution will be found remaining, (Christison & Coindet.) Medicines and poisons are frequently detected in parts remote from that to which they were applied, by their sensible qualities, as well as their chemical or poisonous properties.

They have been found in numerous instances in the blood and chyle, *Tiedemann* and *Gmelin*, *Halle*, *Dumas*, *Magendie*, *Handrin* and *Lawrence*, *Harlan* and *Coates* of our own country; also in the solids and the excretions, (*Wohler*, *Ure*, *Orfila*, *Erdman* and *Marchand*, *Leveran* and *Millon*, *Mussey*, &c., &c.) We know, moreover, that the remote effects of medicines and poisons will be prevented by preventing their circulation in the blood, by tying the abdominal aorta, (*Muller*,) and the same remote effects will be promoted or retarded by circumstances which promote or retard absorption, as the nature of the tissue, the physical and chemical properties of the medicine, and the State of the system at the time. We know, too, that the remote and topical effects of remedies are often similar; that the milk often acquires medicinal qualities, in consequence of the mother or wet-nurse employing medicines as cathartic, narcotic, emetic, tonic, &c. The blood of animals, as well as their flesh, when under the influence of poisons, possesses poisonous properties; dividing the spinal corn of an animal, or of all parts except the blood vessels, does not prevent the remote effects; they are, also, produced by injecting medicines or poisons into the blood vessels—and the effects are the same as when administered through the medium of the stomach. But we will not stop to argue this point—it is clear enough to all but the wilfully blind, or those who labor under some morbid obliquity of mental vision. Dr. Tully attempts to show that *sulphur* does not owe its cathartic effects to its being taken into the circulation! But, whoever supposed that cathartics operated as such, except by local contact, unless in a few cases when applied to the external surface. “*Sulphurum*,” says Prof. T., “is cathartic, and what I have been in the habit of calling *adenagic* and *neuragic*.” Very likely, and the hearers have doubtless vastly profited by the statement. But pedantry is not science. We hope the writer will condescend, in some future No. of his work, to tell us what he means by the “adenagic effects of sulphurum.” Prof. T. thinks it

highly improbable that *nitrate of potash* is taken into the circulation ; indeed, he thinks it is altogether an unfounded assumption. He shows here an utter ignorance of facts to be found in all recent works on animal chemistry and physiology. No allusion is made to the physical law of endosmosis and exosmosis, in connection with the specific gravity of saline solutions, as pointed out by Liebig ; if the author will study this law, he will find why a saline substance is not found in the urine, when taken in a solution of greater sp. gr. than the serum of the blood, and why it is, when the sp. gr. is less. Again, " I do not believe that the leaden discoloration of the skin, is ever produced, in any degree, by the nitrate of silver." Probably the only physician in America who doubts it. All cases of supposed discoloration of the skin by nit. silver, are mere accidental coincidences ! It would be easy to prove, if necessary, that this discoloration is often caused by silver ; we have known several ourselves, and there is one, at this moment, under treatment in this city, for the same. (See *Rayer* on Dis. of the Skin, and *Pereira's* Mat. Med. for numerous cases.) We pass by what is said in the vain attempt to prove that mercury is never absorbed, founded on the belief that the " Disoxyd of Mercury " and the " Dichloride of Mercury " are similar in their effects. Both, doubtless, form soluble salts in the digestive canal, and thus enter into the circulation, especially when used as alteratives, and in small doses. Works on Mat. Med. abound with facts proving the absorption of mercury, and yet Prof. T. ventures to say, " we may very properly conclude that this agent is never absorbed into the circulating fluids, never deposited among the solids, nor excreted by any other emunctory than the lower intestines." Hydrocyanic acid never operates by absorption into the blood, we are told ; and yet the experiments of Blake have fully demonstrated that it never operates in any other way ! And so of cantharides, tobacco, conia, &c. But we have neither time nor space to follow the author through the remaining pages of his work. We see scarcely a single statement which appears to us well sustained, either by facts or reasoning ; the whole seems to be made up of exploded theories, and visionary speculations, and at war with all the established principles of physiology, pathology, and therapeutics. There is considerable ingenuity of special pleading, in setting aside demonstrated truths, in order to substitute in their place, some chimera of the author's morbid imagination ; but how

therapeutical science is to be advanced by such efforts, is more than we can understand. We do not deny the writer the possession of a certain kind of talent, and considerable scholastic learning; but we are satisfied that his mind is not properly constituted to render him a safe and reliable teacher in medicine, and that his past labors have tended rather to the inculcation of error, and the retardation of the science, than to the establishment of truth and the progress of medicine. We express this opinion, not without regret, but not, also, without a careful examination and study of the author's past teachings and writings.

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- 2.---A TREATISE ON THE PRACTICE OF MEDICINE. By George B. Wood, M. D., Professor of Theory and Practice of Medicine, in the University of Pennsylvania, etc., etc., etc. Third Edition. In two Volumes; pp. 1700. Lippincott, Grambo & Co., Philadelphia. 1852.

It is quite superfluous for us to offer any commendations or criticisms upon this national work of Prof. Wood. Every physician knows as well as ourself, that the author stands prominent as a writer and lecturer of medical science. For near twenty years, he has been one of the ornaments and great attractions of the University of Pennsylvania, and that his authority is more reliable than that of any other man in America in the same department. His works are without competitors in strictly American *medical* literature. The beautiful system of lectures on Practical Medicine by Watson, which has had so great a *run* in our country, has almost entirely given place to "Wood's Practice." The author, as he deserves, is reaping a rich reward.

It is enough for us to say, then, that the third edition of this work is out, and that the author "has expended much time and labor in revising it, and he regrets only that in consequence of the unexpected rapidity with which the late edition was exhausted, he has had less time than he could wish to devote to this duty."

Mechanically, the work is executed in good style, and does credit to the publishers.

For sale by J. H. Riley & Co.

- 3—On SYPHILIS, CONSTITUTIONAL AND HEREDITARY, and on Syphilitic Eruptions. By ERASMUS WILSON, F. R. S., Author of "A Treatise on Diseases of the Skin," etc., with four Colored Plates; 8 vo.; pp. 284. Philadelphia. Blanchard & Lea. 1852.

The great object of Mr. Wilson, in the composition of this work, was to give to the profession a history of his own observations regarding constitutional syphilis. He professes to divest himself of preconceived notions, and to disregard the opinions and labors of others in this department. The conclusion which he draws after surveying for many years an ample field for observation, is, "that there existed but *one eruption*, and that the apparent differences in the character of the cutaneous affection, were the simple consequence of modification of development of that eruption; a modification, depending, for the most part, on time, treatment, and on the temperament of the patient." "Syphilis, then, in all its multitudinous and Protean shapes, originates in *one poison*, and in its constitutional manifestation on the skin, gives rise to but *one eruption*."

In the classification of diseases generally, we believe that authors have extended their divisions and subdivisions altogether too far—that distinctions have been made that existed only in the imagination of the writer. This can serve only to confuse, rather than to enlighten the student; for while he is engaged in the study of the infinitesimal elements of a system,—of the endless variety of orders, genera, and species, his therapeutics must be correspondingly weakened. We believe, too, that there is now a growing tendency to simplification in Nosology, and as one evidence of it, we, in the work before us, have the different species of syphilitic poison reduced to *one*, and out of it grows *one eruption*, manufactured by authors into the *syphilidea*, a family, whose members are as numerous as the offsprings of Adam.

The author entertains other views, also, which must force themselves upon the attention of the profession. The following, if true, is a startling declaration, and at all events illustrates the boldness and independence of the writer.

"The tenacity of syphilitic poison to the human organism cannot but lead to the conclusion that, once admitted into the blood and tissues of the body, it remains there for life. It may not manifest its presence by any outward sign, but this cannot be received as an argument against its existence; for, at the most distant period, it

may suddenly become developed as a cutaneous eruption, an intense pain in a nerve, an inflammation of a bone, of the periosteum, of a gland, or, indeed, of any one of the organs of the body. Should the individual escape, his children may suffer sooner or later; and I am firmly of opinion, that the powers of the poison may be manifested after the lapse of several generations.

“As may be naturally concluded, the syphilitic poison becomes altered in its mode of manifestation by time; it sinks deeper into the substance of the body; produces a more decided organic change. These are the characters which distinguish the “tertiary syphilis” of Ricord; and if the observation be true with regard to the individual, it is equally true in its application to his race. What is syphilis in the parent may be scrofula in the child; but the latter is no less a modification of syphilis. The syphilitic eruption on the skin of the parent may be a consumption in his offspring. There are, besides, other and more remote diseases which have appeared to me to take their origin in hereditary syphilis, namely, Lupus, Kelis, Lepra, and Psoriasis. I have contented myself in these pages by merely mentioning my belief, and adducing some slight evidence in support of my opinion. The fruit may ripen in other minds, or time and observation may afford me an opportunity of gathering stronger evidence, and at some distant day, of placing the results in the hands of the profession of medicine.”

We cannot yet subscribe to the author's views as to the perpetuity of the syphilitic poison, neither are we prepared to disprove them. If they are true to any considerable extent, the fact is a deplorable one.

We would not pretend to decide as to the merits of the matter, nor are we prepared to do so satisfactorily to ourself, but the high professional character of the author entitles him to a hearing on this deeply interesting subject. The work is written in a vigorous style, and is characterized by great perspicuity and force. The author writes as one confident of the truth of his doctrines, and as if he expected to be believed. It is a good text-book on syphilis, and will amply repay a thorough perusal.

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PART FIFTH.

EDITORIAL AND MISCELLANY.

Annual Commencement in Starling Medical College.

The commencement exercises in this Institution passed off on the evening of the 17th ult., in the Second Presbyterian Church. The evening was pleasant,—the attendance was very large, and the audience listened with undivided attention to the unusually excellent address, delivered by the Rev. Mr. KEEP. Indeed we have never been more deeply interested in a single hour, on a similar occasion, than during the delivery of this impressive, chaste, and masterly address—at the reading of every paragraph of which a hearty *amen* was elicited from every heart. We were surprised—we were *agreeably* surprised—to find a man out of our profession who knew us so well—our redeeming qualities and our weaknesses—our duties, toils, discouragements, and sorrows, and the value of our services to the world, as did Mr. KEEP. If our profession were as correctly appreciated by the clerical profession at large, how much greater would be the pleasure of serving them, as we always do, *gratuitously*.

After the popular address, the Graduating Class, forty-two in number, was addressed by Prof. CARTER, in his peculiarly happy style. His “fatherly advice” was truly opportune, and was seasoned with enough of Irish wit to make it right palatable.

The Music—let us not forget that—the music, to the honor of Messrs. Dryer, Dunbar, and our incomparable songstress, and others, be it said, was never better; aye!—never so good! During some of their “rapturous strains” we fancied ourself safely landed on the other side of Jordan, but in a moment a glance upon the right brought to view forty-two soldiers just enlisted under the banner of Esculapius, “armed and equipped” to fight the world’s destroyer, Death—then we were forced again to take our place, reluctantly, among our fellow mortals.

The whole occasion afforded a rich and delightful entertainment. It was exceedingly gratifying to the Faculty of the College, instructing to the Class, and interesting to our fellow citizens. It amply repaid all our efforts, and inspired us with renewed zeal and energy in the responsible work before us.

EULOGY ON DR. DRAKE.—The following resolutions, offered by Dr. R. Hills, were unanimously adopted at a meeting of the Delaware co., Medical Society, on December 14th, 1852:

Resolved, That it is with sorrow and regret that we have heard of the recent death of Prof. DANIEL DRAKE, M. D.

Resolved, That we hereby express our unfeigned sympathy with his immediate friends and professional neighbors and associates, and also our unqualified opinion, that in his death, the Medical profession of the *West*, and indeed of the *whole country*, have lost one of the most brilliant, original, talented, enthusiastic, devoted and industrious members that ever graced our profession.

Resolved, That Edward Thomson, M. D. and D. D., President of the O. W. U., be requested to deliver a public discourse on the character of the deceased, at such time and place as may be most convenient to him.

Resolved, That these resolutions be offered for publication in the Medical Journals of this State and of Kentucky.

The address above named was delivered before a dense and highly gratified audience in the M. E. Church, at Delaware, Ohio, on the evening of January 4th 1853, and will appear in a future number of the Ladies' Repository, Cincinnati, Ohio.

FUNGUS HEMATODES OF THE EYE.—RICHMOND, Ind., Nov. 23, 1852.
—DEAR SIR:—If in your judgment the following case will be interesting to the profession, or worthy a place in your excellent Journal, you will please insert it.

S. H. HARRINGTON, M. D.

FUNGUS HEMATODES OF THE EYE, AND EXTIRPATION OF THAT ORGAN.—About the first of September last, Dr. Vaile, my partner and former preceptor, and myself, were called to see John Heston, a lad of four years of age, residing in Randolph county. We found a considerable protrusion of the right eye, with loss of sight; on questioning the parents, we learned that the child had complained of pain in the right side of the head about one year, and his mother had treated him for ear-ache during that time.

Some two or three months previous to our seeing the patient, the parents discovered that he was blind in that eye, and called on their

family attendant, (a man of the Botanic School) but nothing of importance was done previous to our visit.

Not being entirely satisfied in diagnosis, we concluded to put him upon Iodine in the form of "Lugol's Solution," and left him with an appointment to return in one month. Accordingly on the 10th of October we again visited him. We found that our worst anticipations were realized, and that we had a case of "Fungus Hematodes" to deal with. The protrusion was greatly increased, with no appearance of an eye, it having, as the mother said, "broke, and run out;" the anterior portion of the tumor was of a dark, blueish color, and discharging an offensive fluid, thin and bloody. After short consultation, it was resolved to operate, by removing the entire contents of the socket; but, as the child was suffering with a constitutional difficulty, the operation was postponed till his general health should be improved; we prescribed the Syrup of the Iodide of Iron. On the 10th of November Dr. Vaile operated, the patient being under the influence of Chloroform, assisted by myself and Dr. Blair, of Williamsburg. Both the eyelids were adhered to the tumor by adhesive inflammation, which we dissected with some difficulty, otherwise the excision was unattended with any unusual occurrences; there was but slight hemorrhage, which subsided spontaneously; the cavity was filled with charpie and dressed. The dimensions of the tumor were as follows: Antero-posterior diameter, 4 inches; lateral, (at the edge of superciliar ridge) $2\frac{1}{2}$ inches; circumference, at same place, $5\frac{1}{4}$ inches; the general form of the tumor was that of two cones with their bases joined; surface, except at anterior extremity, irregularly round.

We remained with the patient several hours, left him doing well, and under the immediate care of Dr. Blair, to whom we are much indebted for the success of the after treatment.

Nov. 13. Visited the patient. Considerable local inflammation and swelling; wound commenced suppurating; ordered cold applications to the eye, and an aperient to move the bowels. Spare diet.

Nov. 18th. Local inflammation much reduced; removed the charpil; wound granulating well; child playful; appetite good.

Nov. 23. Swelling and discoloration entirely gone; wound granulating well; we took leave of the case with many expressions of joy from the parents, and no little self gratification.

RANKING'S ABSTRACT.---The January Number of this excellent periodical has reached us. It is full, as usual, of interesting matter. To the profession everywhere, it is a most valuable publication.

NATIONAL AND STATE ASSOCIATIONS.—Our readers will bear in mind that the National Medical Association will hold its next session in the city of New York, commencing on the first Tuesday of May next, and that our State Medical Society will meet in Dayton, on the first Tuesday of June following. Doubtless there will be a large attendance on both of these occasions. The Daytonians are preparing to give their brethren a cordial reception, and we anticipate much pleasure in making their acquaintance, and in visiting, for the first time their beautiful city.

INFIRMARY.—We beg leave to call the attention of the profession to the Circular of the *Infirmary* under our professional care and control, to be found on the cover of this Journal. For our own convenience and for the convenience and well-being of those patients who come to us from abroad for Medical and Surgical treatment, we have long felt the need of an Institution like the one there represented. In the completion of the edifice, in the furnishing of the departments in its culinary and therapeutic arrangements, in every thing that tends to promote comfort, to cure disease, or to relieve suffering, we have not deliberated as to *cost* in money, labor or thought, for a moment. We have there made allusion to the free use and extensive supply of water, not because we have the slightest tolerance of *Hydropathy*, as a System, by no means; for those who know us, *know* that we abhor quacks and quackery as we abhor the “father of lies;” but we do have an abiding confidence in the appropriate and free use of water as a therapeutic agent. We *think*, and *believe* too, that the therapeutic influence of water, in the form of baths, is not sufficiently understood; and, if it were, it could not always be employed to a sufficient extent in private practice. We invite our professional brethren, whenever they can make it convenient to visit Columbus, to call and examine our Institution and all its facilities for the treatment of disease; and then, if they approve of it in all its parts and departments, and if they have confidence in

the skill and integrity of him who guides its affairs and applies its remedial agents, we respectfully ask their support and encouragement. We would say that our Institution has already commenced its career, we trust of usefulness, under the most flattering auspices. We have already had a large number of patients, and the number is gradually increasing. Several of them have submitted to capital operations ; and all, as yet, have resulted in cure. We are flattered by the past, and encouraged to renew our exertions.

MEDICAL SOCIETY OF DELAWARE COUNTY.—We have received a pamphlet containing the Constitution, By-Laws, Fee Bill, and Code of Ethics of the above Society. We congratulate our Delaware brethren upon their prosperity and thorough organization. Few physicians realize how much good *may* be effected by and through such associations. Experience proves unfortunately that they are prone to languish and to die an ignominious death : and why is this? 1st. Physicians, in an organized capacity, spend altogether too much time in the discussion of matters of little or no importance, such as points of order, etc. etc. 2d. Members neglect to write papers and reports, and to discharge the duties enjoined upon them by their Society. 3d. Unkind feelings, growing out of jealousies, collisions in practice, and a want of strict attention to the rules of etiquette, are allowed to corrode the very heart of such associations. This *ought* not and *need* not so to be, and yet it is nevertheless true. The consequence is, the Society is a house divided against itself, and therefore must fall. We hope the Delaware Medical Society will be an exception to the general rule. We know that several of the best physicians and noblest members of our profession enter into its composition, and we know no special reason why it may not continue to prosper *ad finem*.

ANOTHER NEW JOURNAL.—The first number of "The Southern Journal of the Medical and Physical Sciences," is just received. It is published bi-monthly at Nashville, Ten., at two dollars a year, edited by Drs. Jno. W. King and Wm. P. Jones, in the department of Medicine and Surgery ; Dr. R. O. Currey, in the department of

Chemistry and Pharmacy ; Dr. R. Wood, of Dental Surgery. The number before us is ably edited and contains several valuable original articles. It is published in good style, and on the whole deserves and what we pray it may receive, a good list of *paying* subscribers. That Nashville is making rapid strides in matters of Schools and Journals.

URINARY CALCULUS—LITHOTOMY—CURE. By R. L. HOWARD, M. D.,
Professor of Surgery, &c.

On the 15th of January last, I was called to visit Mr. J. H., of Fayette County, Ohio, who was said to be affected with disease of the kidneys. The patient, a farmer and extensive cattle dealer, was 64 years of age and possessed naturally a vigorous constitution, and through the whole of a very active life, the most perfect health. On enquiry, the following brief history of his case was elicited.

About three years ago, after riding on horseback near forty miles and purchasing and selling a large number of cattle on the same day, Mr. H. was attacked with hemorrhage from the bladder, followed by considerable prostration and nausea. During the succeeding year he had repeated attacks of the same kind, after riding on horseback, except that hemorrhages were not so profuse. He finally began to complain of pain across the loins, and of a burning sensation in the bladder, and more or less along the whole track of the urethra. During the last two years he had seldom voided any blood, and though he suffered from frequent desire to urinate, the stream was seldom suddenly interrupted, neither was there any perceptible amount of mucus suspended in that excretion. These symptoms, none of which strongly indicated vesical calculus, led his medical attendants to suppose that his disease was confined to his kidneys. His symptoms became more and more distressing. In compliance with his request, I visited him as above indicated, and found him emaciating, anemic, and suffering from frequent desire to void his urine, intense burning in the bladder and along the urethra, and also severe pain across the loins. There was occasionally particles of sand discharged with the urine. To assuage his sufferings, he was under the necessity of taking from one to two ounces of laudanum every day. Although his urine was unusually pale, under the microscope, there

was observed myriads of the red corpuscles of the blood. These examinations were repeated several days with the same results. Not satisfied as to the diagnosis of his case on my first visit, I introduced a sound and immediately struck a stone of large dimensions. The diagnosis being now clear, I invited him to repair to my Surgical Infirmary. He entered it on the 4th of February last, after suffering much from a ride of forty miles.

The journey so aggravated his symptoms, that I was unable to think of an operation until Saturday the 12th. That being my last Clinic day for the Session, he generously consented to go before the Class. Placed upon a table and fully under the influence of chloroform, I made the lateral operation with the largest sized lithotomy knife. A large forceps was introduced, the stone seized, and with some force was extracted. As the stone escaped fairly from the orifice, an irregularly rounded tumor about the size of a large hickory nut followed and fell upon the floor. It was composed of condensed areolar and adipose tissues, and was evidently a regular tumor, formed deep in the structures of the perineum directly in the track of the incision. This incident was well calculated to startle the operator and to suggest the idea that another organ of a similar size and shape had escaped from its native bed just behind the bulb of the urethra.

The stone, composed mainly of lithic acid and covered over with a layer of the triple phosphate, measured five by six and a half inches in circumference and weighed three and three-fourth ounces.

After being placed in bed, the patient showed no signs of constitutional shock, but talked cheerfully with his family and friends. Matters went on very well for a day or two, but at length he began to complain of intense nausea, a symptom from which he had suffered on several occasions before the operation. This continued to annoy him for several days, and even to depress him and take away all appetite. The urine flowed freely and his bowels were acted on with considerable facility. On Thursday night, the sixth day after the operation, having taken a dose of castor oil, his wife and son being asleep, he, a little delirious, sprang from his bed to the floor, feeling that he must have an evacuation from his bowels, and fancying at the time that nothing unusual was the matter. His strength failed and he cried for help. With difficulty he was again placed in bed; but the effort brought on hemorrhage from the wound to the extent of near two pints of blood. Under this he sank rapidly. When I found him, in about half an hour, he was nearly pulseless, and con-

tinued so five or six hours. During this period he occasionally vomited, suffered from the intensest nausea, and expressed great apprehension as to the result. Indeed I had scarcely a hope for his recovery. Finally reaction commenced, but it was several days before it was at all perfect. Nausea still continued and kept down the force of the heart's action and muscular power. Under the influence of anodynes, stimulants and tonics, milk and animal broths, he has to this time, March 4th, continued to improve, and there is now a fine prospect for his complete recovery.

REVIEW.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

[CONTINUED FROM LAST NUMBER.]

We resume the consideration of the volume before us with unfading interest.

The next document in order of publication is a letter from Prof. R. S. Newton, of Cincinnati. Prof. N. was anxious to meet and become personally acquainted with his fellow-laborers, in the cause of Medical Reform; for he assures the Convention, "there is no class of men for whom I feel an attachment so near and so strong, even as I believe there is no other movement in Reform more important than this." He enters into a defence of the "free school movement" in Cincinnati, and assures his brethren that it was not undertaken in a spirit of monopoly, or from a desire to arrest the progress of other schools. Our readers are probably aware of the fact that the Eclectics of Cincinnati have nominally started a "grand national Eclectic free medical school, for the purpose of sending abroad in the land a large number of well educated physicians." A fee, however, is required of every student in attendance, and certain perquisites enure to the professors. Altogether, it is a cheap concern, claiming the dignity of a great charity. But, admitting it to be what it professes to be—a free school—we have always felt that the arrangement recognized a relation between cost and value, so just and cononscientious that although the student might pay nothing, he would be sure to receive a full equivalent for the money spent, in the shape of Eclectic teaching; and that justice and good faith being thus observed, surely no one had a right to complain. * * * *

We must hasten on to the more important portion of the publication—the address, reports of committees, &c. The address of Dr. O. Davis is the first in order.

The doctor labors under an overpowering sense of the importance of the “eclectic reform,” and commences his address in a correspondingly grandiloquent style. “It is enough that our art is exercised for man’s good—even while pregnancy is anticipating birth, it cares for his infancy, alleviates the ills of childhood, and even through manhood and old age, aims to minister to his health and happiness, &c., &c. Man, then, is the subject of our labor and our care, we study his physical formation, we pry into the secrets of his physiology, and we are attempting to solve the problem of vitality, and the mysterious union of mind with matter; and if we fail in understanding this, we will labor on, studying his intellectual powers and his moral tendencies, as well as the dangers which beset his physical organization. * * * * *

We explore earth for remedies, we search the animal, the vegetable and the mineral kingdoms, and sometimes (!) resort to the chemist’s laboratory for combinations which nature does not afford. We enquire into the causes of disease, and question all influences, whether in the sky above, or in the earth beneath, whether of growing or decaying substances. We even estimate the effect of light and darkness, of storm and calm, of drought and humidity, and frame a morbid constitution for imponderable agencies! And finally—mark me, Master Brook—we meet here to reveal our discoveries, to make known improvements, to advance in theory and practice, and by our united labors and *wisdom*, to contribute to the welfare of mankind.” But even this is not all that “*we*” intend to do. We convene as a national association of *Eclectic Physicians*, &c., &c. We are neither Homœopathists nor Hydropathists, Allopaths, nor Steamers: Pseudopathy is our profession, and we find “good in every thing”—except mercury and a few articles of the *materia medica*, which we presume, in our supreme discretion, to denounce for purposes of private speculation.

Our orator asserts that Allopathy is not sufficiently liberal! Robbed, to supply the little virtue that belongs to all the quack denominations, and then ridiculed by the felons themselves because of the success of the larceny! We grow weary of the tame and empty pedantry of this discourse, and must hasten in our work.

Dr. Davis asserts that *Reformers* have accomplished another important end, in calling attention to Hygiene. It has been the "peculiar province of "Reformers in Medicine," to call attention to "individual constitution, climactic and meteorological phenomena, diet and regimen," and to "reform out" abuses. Among all the volumes which fill shelf upon shelf of our libraries, containing the record of the doings of science in behalf of humanity, there are multitudes of names which are, and will be honorably associated in the annals of medicine, as benefactors of their time; but no body has ever been able to find in the honored scroll inscribed in the name of a "Reformer," as that term is understood and employed by Dr. Davis. The claim thus set up by Eclectics is so singularly absurd that we cannot give it serious notice. "Physiology is now popularized," says Dr. Davis, but he has not the audacity to assert that the eclectics have rendered it popular—save the mark !

The orator speaks so frequently of "heroism" in medical practice, that we felt curious to know what he meant by the term; our investigation has not, however, revealed to us the key of the phrase. He seems desirous to produce the impression that Allopathic practice is restricted to the employment of the lancet and merecury, and that the Allopathic physician is an ogre who revels in human blood, and finishes by poison that which the steel failed to accomplish. In beautiful contrast with this dark picture of bloodshed and outrage, the orator delineates the eclectic practice in all its humanity and all its success; preserving hundreds of thousand lives, and building "living monuments" of its beneficence to advertise the world of its blessings; and where reason would put in a plea to the intelligence and competency of the humble ministers of this great work, faith points to the evangelical period when wisdom fell trickling from the lips of babes, and fools became oracular with unconscious knowledge, and we were almost persuaded into the belief that the day of miraculous inspiration is not gone, and that the eclectic reform is not, as it otherwise must be, an anachronism.

The orator admits that the eclectic possesses an overweening self-confidence, "which undervalues thorough attainments." There is among us a redundancy of superficial acquirements. There is a plethora of self esteem, and too many seem to think they know already more than they can contain—vessels of small calibre are easily filled: "and if they attend upon any medical institution, anatomy

is not practical, physiology is all theory, chemistry they cannot understand, surgery, they don't profess, midwifery they understand, but obstetric instruments are instruments of slaughter, and in theory and practice they are original and can succeed better than any professor!" The sheep-skin is all that is lacking to make out the simple brute perfect, and that, thanks to Buchanan & Co., is easily obtained and without cost, to render the eclectic aspirant the bell-weather of as complete a flock as ever browsed in the fields of folly and pretension.

Dr. Davis alludes to the "free school" movement in terms of disapprobation. Eclectic teachers, although a very windy set, "cannot subsist on air!" We would suggest a diet of beans. It would require more space than we can allot to Dr. Davis, to follow out his argument on the subject of free teaching, and we bid him a respectful adieu, barely commending to him, by way of P. S., those lines of Pope, "a little learning is a dangerous thing."

Report A, on medical literature and text books, by R. S. Newton, M. D., is an elaborate and valuable document—somewhat more than a page in length. Dr. N. recommends Dr. Hill's Eclectic Surgery, Beach's Practice, and does n't recommend Saunders' Gregory. This is about the sum total of Dr. Newton's Report—full, terse and sententious.

Report B, on Obstetrics, brings us again in the company of the accomplished Dr. Oldshue, whom we have already had occasion to mention in eulogistic terms.

"During five years' general practice in the city of Pittsburg, in which time I have treated over five thousand cases, a *considerable number* of *obstetrical* cases have come under my notice." In one single instance did the doctor of report B, have occasion to use the forceps or any surgical instrument whatever—"save for the division of the umbilical cord!"—nor do I believe, says he, that labor would have been facilitated by their use, in any instance," &c.

If Dr. Oldshue will adopt the primitive method of biting the umbilical cord, he may avoid entirely the painful necessity of resorting to surgical means in his obstetrical practice. In a majority of cases, Dr. O. says, labor terminated within two hours after his arrival, "and in many of them in a much shorter time; and in no case have I seen *true labor* protracted to twelve hours." Thrice blessed Dr Oldshue, and blessed in an octuplicate ratio the females who thus had their babies after the Eclectic plan. In our innocence we had

supposed there was but one history of this painful phenomenon, and that the Adamic curse must still exist in original force, save by the stupifying and brain-steeping influence of chloroform. But the knowledge of man—Eclectic man—surpasses all imagination; and with the fear before our eyes of rendering ourself liable to a charge of a desertion of principle, we shout peans and eternal glorification to the author of “*Having babies easy.*”

Dr. O. drops a word in relation to protracted labors, and gives a case in point by way of illustration. A regular doctor was called to a lady who was supposed to be in labor, and, without much examination, the medical gentleman told the patient that all would soon be well, and so on; “a pulling rope” was prepared, and he commenced his manipulations, ordering his patient to “hold her breath,” “pull the rope,” and “bear down.” “All these things were done, continued and repeated, for the space of seventy-two hours; the doctor all the while promising that “another effort,” a “long pull and a strong pull,” and “all would be well.” That is to say, this poor, persecuted lady continued to pull the rope, bear down, and *hold her breath* (!!) for seventy-two mortal hours, under the brutal directions of an ignoramus of an allopath, and all—aye, a thousand times *all*—to no purpose. This is certainly the most extraordinary instance of human endurance, that has ever had a place in the chapter of medical and physiological mirabilia: why, it beats the fakirs, ten to one. To plug up the upper and lower orifices of the body, and quietly lie down to hold one’s breath for a day or two is no small feat, in our humble estimation; but require the fakir to haul the main brace, hold his breath and have a baby to boot, for seventy-two hours at a stretch, and he would be no where; we regard the question of human hibernation as definitely settled from this moment, and we feel no mean jealousy of the fact that Dr. Oldshue has the exclusive claim to the honor. The issue of the case—obstetrically—was, that Dr. O. was called in, the ignorance of the allopath exposed, and the lady relieved in due course of nature. A beautiful allegory winds up the Report, which is just two pages in length.

Report C, by A. D. Skillethead, M. D., on medical statistics, embodies the experience of the author, from the 20th of May, 1851, to the 20th of April, 1852. The Doctor has practised in the large and populous city of Ruggles, O.; we get at the marrow of this report in the following P. S.

“ P. S. I have treated 651 cases during eleven months, of which number I have LOST ONLY ONE ! that can rightly be regarded as my own—the others having either been *given us as hopeless*, or previously and conjointly treated by some other physician beside myself, *and allow me to add, that I have not performed general venesection in a SINGLE CASE !* ”

A. D. S.

Ruggles, O., May, 1852.

Comment is here powerless : we feel, as did the profane man, (who was followed by a crowd on some more than usually exciting occasion, curious to hear him *cuss* hyperbolically,) that “ language is unequal to the occasion.” Our bump of wonder grows visibly under the influence of this astounding volume. Ah, how would the heart of Chrono-thermal Dickson delight in Dr. Skillethead ?—and not more famous is the “ Sweet Auburn ” which is sung into immortality by Goldsmith, who was also a doctor, than is, to be, the Ruggles—foul or sweet—that boasts its Eclectic wonder. Six hundred and fifty-one and a fraction of cases, and not a single venesection !! Poor Marshal Hall thinks that he knows something about the blood and bleeding, but how small he grows in comparison with Skillethead. Clutterbuck had a notion that he could teach the uses and abuses of the lancet ; but he grows, in our dilating optics, microscopically small by the contrast. We have laid down our pen for a few moments ; pondered upon the stupendous stretch of human reason, with a feeling the like of which we do not remember to have experienced since we perused the truthful history of Gulliver’s Travels ; glanced over the narrative of the great telegraph hoax ; and now resume our review with Report D, on surgery, by L. C. Dolley, M. D.

Dr. Dolley starts starts off, slapdash, with the assertion that all impartial and far-seeing minds recognize in the establishment of eclectic colleges in the United States, the commencement of a new era in the history of medicine ; we feel disposed to oppose no other plea to this declaration, than the agumentum ad verucundiam. The doctor also says, that “ the first efficient weapons against the citadel of exclusiveness and intolerance, have been raised by the eclectics, and with the establishment of institutions advocating no exclusive system, purely eclectic in their character, commenced a new epoch in the history of medical science.” The Baconian system of philosophy as applied to rational medicine, and as constituting the very

soul of all that is scientific in the healing art, is necessarily exclusive because it is inductive. It *brings in* to the investigation of all phenomena, every fact which has a necessary relation to the phenomenon in question, and discards all foreign, irrelevant, and factitious relations. Eclecticism, as we understand it, *selects* such superficial facts as may have plausible and popular relations to the subject investigated, and such as, for all purposes of induction, may be entirely unimportant and accidental in their relationship to the subject in issue.

There can be no science without system: what indeed is science except the systematic arrangement of facts which bear the close and essential relations required by the inductive method. Collateral facts and presumed analogies may serve for conjecture, of a more or less extended degree of probability, but probably is not science, save when it is suggested by a deep and widely extended analogy, the foundations of which rest upon a basis of facts that have been clearly and completely established. But, we must return to Dr. Dolley and his eclectic surgery: he admits that eclectics, like Falstaff's honor, have no skill in surgery. He thinks it more than probable, that it will ever be necessary to operate for "many cases of cataract, hernia, stone, tumors, &c., &c.," and asks "how many are there among those we choose to acknowledge as eclectics, who hold themselves in readiness for these operations." He admits that there are but few, and asserts that it is not for the want of surgical teaching in the eclectic colleges. "The reverse of all this is true; I have already enumerated the causes—eclectics, satisfied that they are in advance of the members of the old school profession in liberality, and in success in the treatment of constitutional diseases, have let such achievements satisfy them." Modest and moderate ambition! "Because they dreamed that Boerhaaves, Rushes, Cullens, Broussais, and other dignitaries were springing up in their ranks, they cared less for, and labored not to beget also their Coopers, Motts, Velpeaus, and Physicks." Heavenly progeny of eclectic copulation! their Rushes and Cullens, &c., are but poor Sooterkin semblances of their great prototypes, with which the Reformers have brought themselves to bed by means of gassy speeches, mutual laudation, and beer drinking. It would puzzle Geoffroy St. Hilaire to classify the harmless monster, and the artificial afflatus of its wet-nurses will fail to arouse a single impulse of active life in the deformed anatomy.

Our Dolley alludes to the old story of persecution. Galileo and Harvey, and Jenner, were persecuted, it is true; but does that prove that there is the authority of revelation for Millerism, or reason in eclecticism, or truth in the spiritual rappings?

A notice of all the points that present themselves in this report, would consume more space than we could devote to them. We learn with huge surprise, that conservative surgery, whatever may be said of Parey and Hunter, and a host of other worthies in medicine, is purely eclectic! that a long time ago, it was the surgical law, to amputate a limb after it had suffered compound fracture, and that eclecticism had corrected that abuse; that *water dressings*! are inappreciable except by those who have used them, (eclectics?) and that the superiority of eclectic surgery in the treatment of ulcers, white swellings, hip disease, fistula, cancer, &c., is becoming more fully demonstrated, and that this superiority depends upon the employment, with almost "uniform success," of "cupping, fomentations, bandages, stimulants, and derivative applications, together with baths, suitable alteratives, and other measures of eclectic treatment"!! This is about as cool a piece of impertinence as that of the man who sent a borrowed wheel-barrow home broken, together with a message that he wished it mended promptly, so that he might have the use of it again.

The employment of anæsthetics, too, is thoroughly and peculiarly eclectic; so is Jarvis' adjuster, and "arterial compression and hæmostasis," comprising the beautiful and practicable idea of persuading all the blood of the body into one or two of the limbs, and compressing it there so as to prevent a person from bleeding to death from the nose! Galvanic electricity is not now eclectic, but they intend to make it so shortly, because it is said (by some eclectic Solomon, perhaps,) to have magic power in asphyxia, in violent concussions of the brain, or in deadened sensibility, arising from narcotic poisons!! "Fresh sprats from quack pond, who'll buy"? This is rich beyond expression, and for fear of exhausting a font of exclamation points, we leave Dolley and his eclectic surgery—an old dish served up even without new trimmings. Really, the modesty of these people is so entirely out of the usual run of that virtue, that we are at a loss for language that would do justice to our appreciation of it.

Report G. On the circulation, its producing forces, and its rela-

tions to health ; by Levi Reuben, M. D., is a lengthy and circumstantial document. We have commenced it several times with a severe determination to read it through, but there is a point beyond which endurance is no longer a virtue, and that point is passed long before the patient reader has reached the bottom of the second page of this report. It appears from the history of the matter as detailed by Dr. Reuben, that in the early part of the seventeenth century, William Harvey, a famous old eclectic, announced to the world the important doctrine of the circulation of the blood. After a great deal of opposition from a few pestilent allopaths, the doctrine thus promulgated by Harvey was generally received as true, &c. He alludes to the theory of Mrs. Willard, of Troy, N. Y., and to the memorable correspondence between that lady and Dr. Cartwright. As nothing eclectic is found in the document, we shall pass it by without further comment.

Report H promises to explain "what eclecticism is, and what it may be." The author of this report attempts to give the characteristics of his system. "When we reply that we reject calomel, antimony, the lancet, arsenic, &c., and that we have introduced podophyllin, leptandrin macrotin, &c., the questioner is satisfied that he understands the whole system of eclecticism, and, worse than all, the answerer feels a pride that he has made so wide a distinction between the two systems." The introduction of these resinous extracts which are christened by the eclectics, as if they considered them the active principles of the respective articles—as morphine, quinine, &c., are the active principles of opium, bark, &c., is entirely consistent with the superficial nature of all their scientific pretensions. "Every one understands," says Dr. Dolley, "that if he is treated by an allopathic physician, he is to be made worse, and debilitated to a low point before he can grow better." This is flat nonsense and misrepresentation, and misrepresentation so flat and direct that it is only necessary to stamp it as such ; it may have been the result of ignorance, or it may have originated from a worse source.

Opposition to blood-letting, or chrono-thermalism, practically, and to the employment of mercury, constitutes the basis of eclecticism, as we gather the traits of the system from this report.

Report I. On Surgery, by S. H. Potter, M. D., is next in order. We have already learned from Dr. Oldshue, the results of the eclectic mode of having children : let us see the effect as developed in connection with the subject of amputations and operative surgery in

general. For the treatment of inflammation, the eclectic surgeon borrows Dr. Thompson's great lever, lobelia, which gives prompt relief. He objects, secondly, to mercurials, as poisons, but would give bichromate of potash, which is also an exceedingly active mineral poison, and which has been made the subject of experiment by a single practitioner in France, during the last year; it is not "admitted by the highest old school authorities, as a substitute for mercury in the treatment of certain diseases."

Dr. Dolly winds up his report with the history of a case of polypos uteri, in which he executed the bold and novel operation of "ligaturing the tumor." A boy fell down and bit his tongue through, and Dr. Dolley sewed it up, greatly to the surprise and delight of his Eclectic friends, and to the confusion of the allopaths! He describes a case of elephantiasis in a man who "made a track like an elephant, in the sand, was 79 years of age, weighed 232 pounds, and could cut two cords of wood a day!!"

We shall only quote from report K, on *Materia Medica*, &c., the following display of pyrotechnics. "The full sun of knowledge is throwing its effulgent rays freely upon the intellect of the world, and warming into light the latent germs of thought that have slumbered long, unconscious of their existence; and these, in their turn, scintillate new born sparks upon other minds. These too, take fire, and the illumination continues to extend, till soon empiricism and charlatantry, whose proper *pabulum* is ignorance and superstition, shall have passed away, and the true light of science shall reach as far as humanity shall exist, ushering the glorious time "which kings and prophets waited for, but died without the sight," when shall be calculated with great accuracy the influence of disease upon the body, and the most certain agencies that can be applied for its removal,—when the human family shall no more be destroyed by disease in youth, nor ignorance any more prevent its dire ravages from being stayed."

This report is four pages in length.

Report L, on Obstetrics—again!--by J. M. Sites, M. D., merits a passing notice. During the year 1842, Dr. Sites was called to his second case of midwifery. Three allopaths had abandoned the case ---patient in a bad way---this *ab ovo* obstetrician set to work with ergot, red pepper and lobelia, and soon delivered his patient of a child weighing 21 pounds, the head measuring 27 inches in circumference!

Go it Dr. Sites, while you're young!! And O ye credulous wise-

acres of the Eclectic Med. Ass! Twenty-seven inches in circumference---*nine* inches in diameter--and yet delivered without instruments! Truly there is some virtue in Eclectic Surgery, or the female pelvis is wonderfully large in Philadelphia! How is it, Dr. Meigs? Dr. Sites says a great many odd things, among the rest that "Ergot should only be used when the os is well dilated, and the contraction of the uterus feeble." A Daniel come to judgment!

These are the men who presume to prate pretendingly to the "old school" of physicians, and to claim a superiority in scientific position. All the little virtue they have is stolen from the stock accumulated by the labors of successive generations, and that is rendered wholly useless by the folly of its misapplication.

Report N. Chemistry, by W. Paine, M. D., of Warren O. We turn to this report professedly as an important and exact branch of science, for further evidence of the great *Reform* which is to be brought about by this small body of great pretensions. Here, doubtless, we shall find not merely those few *unimportant* notices of the late improvements in Chemistry, chronicled in the scientific journals, the Comptes Rendue of learned men and learned societies, the annual reports of the Liebig's, the Miltons, or the Gerhardts, but also the peculiar improvements in Science of these modest men, the Eclectics. In short, in the high-sounding words of the author, Dr. Paine, applied by him to the E. M. Ass.: "We expect this (report) not only to give counsel and character, but to discuss the great and intricate problems underlying the advancement of medical science. It is not to be presumed that this (report) will take a retrospective survey of human science. It will pass its awful limits, guided by the torch of a Buchannan and a Reichenbach, and may aid in sculpturing out from rude nature, those mighty truths lying nearer to the throne of the great *I am!*"

But wofully were our high anticipations disappointed! five pages by Dr. Paine to the consideration of *this extensive* subject, and in them all are not more than two chemical facts correctly stated!--*a strictly accurate picture of Eclectic Science!*

A great portion of these rare five pages is devoted to such beautiful self adulatory writing as we have quoted above. But yet he gives some wonderfully garbled precepts from the chemical works, enough to demonstrate, even to a tyro in chemistry, his most profound and assinine ignorance and want of comprehension of any thing relating to the science. But we will let him speak for himself. "Amongst

the most recent discoveries in Chemistry, we find those of M. Dubee, who observed that the ores of tin are constantly accompanied by fluorine or boracic minerals, and found particularly in mica, topaz, tourmaline, &c., &c." (wonderful!) which induced him to believe that this circumstance was connected in some way with the formation of these ores, and that the tin was brought into its beds in a state of fluoride, and there underwent a double deoxidation, producing the oxide of tin and fluorine minerals.

We must be permitted here to throw up our hands in admiration of this *Eclectic* chemistry—wonderful! we repeat, great in chemistry as in the practice of medicine! A fluoride of tin---which the allopathic chemists, Berzelius, Davy, Leibig, &c., assert contains *no* oxygen,---is *deoxidated!* and more surprising still! it is "doubly deoxidated" in order to convert it into *oxide* of tin and fluorine minerals!!"

But we must not stop here, let us return quickly to the text, where we find this startling announcement of the triumphs of Eclectic chemistry in the person of M. Dubree: "He (M. Dubree) *has been enabled to produce oxide of tin artificially!!!*" "I believe, however, he used the chloride, instead of the fluoride." Hide your diminished heads ye allopathic chemists, M. Dubree has made artificial oxide of tin, and Dr. Paine *believes* he used the chloride instead of the fluoride!

We doubt whether in the whole history of pretending ignoramus, a more glaring self-exposure is made to the admiring public than in these Transactions, and this paper of Dr. Paine is not the least clear in the exemplification.

Once upon a time the devil was permitted to tempt our Saviour. After a number of impertinences which were rebuked with a quiet dignity, that would have silenced any one except the subtle tempter, the devil conducted him to the top of a high mountain, and pointing out to him all the kingdoms of the earth, with that liberality we sometimes meet here on earth, among those who are giving away property that does not belong to them, offered them all to his Master if he would fall down and worship him. Fatigued by the persecutions of the arch-fiend, our Saviour turned upon him that heavenly presence before which angels bowed and worshipped, and bade him get him hence. Much has the genius of true science suffered from the impertinent assumptions of quacks and pretenders; and the day is not far distant when before the frown of outraged truth, the whole

of Satan's tribe will vanish from the face of the earth, and nothing will remain of the patent Eclectic medical Eccaleobion save the Ephesian record of its audacity. When we look at their pigmy efforts to dim the light of true science, by the use of two-penny squirts, and smoked glasses, we cannot better express our feelings than by the following lines about Gulliver :

"They tied him down—these little men did—
And having valiantly ascended
Upon the mighty man's protuberance,
They did so strut! upon my soul
It must have been extremely droll
To see their pigmy pride's exuberance!
And how the doughty mannikins
Amused themselves with sticking pins
And needles in the great man's breeches;
And how some *VERY* little things,
That passed for lords, on scaffoldings
Got up and worried him with speeches."

OLD PHYSIC.

[*Trans. Med. Journal.*

OBITUARY.—Died, at London, Jan. 20th, Jonathan Pereira, M. D., aged 49, the well-known author of our standard work on *Materia Medica and Therapeutics*, and of other valuable productions.

The death of few men has been, and will be regretted more than that of Pereiric. He was a man of extraordinary talents, of great industry, of noble bearing, and a man profoundly learned in his profession. His reputation was world-wide, but at home, where he was best known, he was pre-eminently popular. We saw no man in Europe, by whom we were so completely captivated, and who treated us with more distinguished and undeserved consideration. America has lost her Drake: Europe can sympathize, as she has lost his equal.

LIST OF GRADUATES FOR 1852-3 OF STARLING MEDICAL COLLEGE.—Thomas J. Haynes, Daniel O. Crist, William Noecker, H. M. Duff, S. C. Roberts, M. Y. Brockett, Valentine Brown, W. Morrow Beach, W. F. Harper, M. M. M. Mead, S. Hartle White, Nelson S. Darling, Alonzo J. Phelps, B. F. Bethel, W. F. Stewart, W. T. Sharp, Andrew D. Nevius, T. C. Owen, Aaron Plumly, J. H. Clark, Philander R. Owen, Herrick B. Havens, J. Smith Sweeney, A. J. Smiley, J. Walter Scott, William Goldrick, Edward C. Neilson, Calvin Welch, John A. Carothers, Simeon Bishop Bell, Ethan A. Brown, Eli P. Leslie, Thos. W. Farrell, Lindley Schooley, Wm. J. Sullivan, J. W. Underwood, M. McConnel, D. McClenahan, Newton Hover, R. M. Lewis, B. F. Whitney.

HONORARY GRADUATES.—Dr. Peter Goble Franklin County, O.; Dr. M. L. Hewett, Cleveland, O.; Dr. A. J. Beach, Richland county, O.

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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Medical Theories of the last Century*—By Prof. S. HANBURY SMITH.

[We cheerfully give place to the following communication from our old friend and colleague, Prof. S. HANBURY SMITH, who it seems is disposed to defend statements made and positions which he took in an article written for the September number of our Journal for 1851. While we take pleasure in commending it to the candid consideration of our readers as a deeply interesting and ably written paper, we must beg to be excused from taking sides in the controversy. The intrinsic literary merits of the article, and our respect for its talented author induce us to place it before our readers, who will, we anticipate, be interested and profited by its perusal.]

To the Editor of the Ohio Medical and Surgical Journal.

DEAR SIR: When, on your leaving this country for a trip to Europe, I reluctantly consented to take the editorial charge of this journal during your absence, you will remember that I hesitated long, because I feared that the onerous duties of my position as physician-in-chief to the Ohio Lunatic Asylum, would absorb too

much of my time for me to do justice to your subscribers or myself. The result proved that I had allowed the desire to serve a friend to get the better of prudence. I could command nothing like the leisure requisite to fill your place as it ought to have been filled. When, therefore, long after the time the first sheets of the September number for 1851 were to have been printed, no original matter had been sent in, I was compelled to find something wherewith to stop the mouth of the clamorous publisher, and wrote in "hot haste," amid innumerable interruptions, the article on the "Medical Theories of the Last Century," which appeared in that number. Having handed sheet after sheet unrevised to the importunate "devil" crying "copy" at my elbow, and not even correcting the press myself, I never again perused what I had written, until informed by a former colleague, that the article contained passages which he thought would be considered heterodox, and comparisons which might offend some readers. His fears proved to be well founded. I heard of some such expressions of opinion as he had anticipated on the part of individual physicians, and the Western Lancet for October, 1851, contained an elaborate condemnatory notice of my paper, with accusations of aiding and abetting quackery, and so forth. Being, however, as a teacher of practical medicine, formerly Editor of this Journal, and physician to an extensive public institution, known—and my opinions and practice well known—to a large circle of professional brethren, from whom I had no professional secrets, but with whom I had at all times candidly and freely discussed most topics of professional interest, and allowing for the peculiar position of the Western Lancet, and the *animus* with which I supposed the criticism to have been written, I concluded that no public disclaimer of an inclination to Homœopathy, or any other conceivable phase of empiricism, could be necessary on my part, but that any passages in my essay which might appear objectionable or of dubious meaning, would at least be *charitably* construed by the members of a profession boasting of its benevolence, or be put down as slips of the pen in the hurry of composition. And I was the more justified in such reliance, as in the November number of this Journal, for 1851, you yourself profess not to suspect me "of being a Homœopathist or of cherishing the preposterous notions of Hahnemann;" and in the October number of the Western Medico-chirurgical Journal, its editors observe, "We have examined Dr. Smith's article with some care, and cannot for the life of us see the force of the Lancet's crit-

icism. In discussing Medical Theories, he endeavors to give a succinct, yet fair statement of Hahnemann's views, for which, we think, he is not censurable."

However, had I entertained no such confidence as I did entertain in my acquittal of the charge of heresy by the voice of the unbiassed members of the profession, nor even received any such evidence thereof as is afforded by the foregoing sketch, I have since their publication had less leisure than before to recur to the subject, to attempt to make plain my meaning, or to set myself in a true position. But having *now* at length that leisure, and having quite lately learned to what an extent suspicions of my radical faith had arisen in certain professional circles, or as I have reason to believe been, with great injustice to me, disseminated, I think it due to myself, as well as to my friends, to take some notice of the criticism of the *Lancet*, the only published one I am aware of, with the exception already alluded to. I have therefore carefully read over the offending article, and taking it as a whole, cannot find any grounds whatsoever for the *Lancet's* charges. The first point carped at by the reviewer is the assertion "that the doctrine of '*similia similibus curanter*,' is steadily conquering a large space in the realms of therapeutics," and the remarks that the doctrines of Hahnemann have maintained their ground so long that the fact is well worthy "to form a peg whereon to hang a bag of thoughts!" The *Western Medico-chirurgical Journal* says "There is no denying the fact as stated in the paper, that Hahnemann's laws of '*similia*' &c., is conquering a large space in the realms of therapeutics. A very considerable number in all our large cities are deluded with the idea of "spiritual triturations" and the "infinitesimal globules," and if Dr. Smith has a "bag of thoughts" on the subject, why not let us have them. It will be, to say the least of it, a curious chapter on Humbugs." I put this criticism against the *Lancet's*, and will only add that Dr. Worthington Hooker, now Professor of Theory and Practice in Yale College, has hung so very ponderous "a bag of thoughts" on this identical peg, that if it be so "weak" as the reviewer thinks, it will hardly bear any additional weight, and I may save myself the trouble of writing a chapter on the history of "Humbugs."

The *Lancet* next proceeds to accuse me of an "apparent partiality" to the doctrines of Hahnemann, and insinuates that "There is evidently here a strong disposition to speak out, and we are sorry

the writer did not do so, because his readers would not have been quite so much in the dark as to his real sentiments." This in the very teeth of my remark that I should "much like to discuss this subject with the seriousness which it deserves; *not the subject of homœopathy as practised by the quacks who call themselves homœopathists, — God forbid! — but the amount of truth contained in the different prominent theories here sketched, &c.*"

(By an error of the press, or of my hurried manuscript, the words "We should much like to discuss," &c., do not, as they should, and as the sense and context equally show, commence a new and distinct paragraph.)

The reviewer then criticises my assertion that "in a work ascribed to Hippocrates, a similar doctrine to that of Hahnemann was distinctly laid down," adding with a sneer, "We certainly would like to know what Hippocrates says on this subject." He says: "Dia ta pomaia nousos ginetai, kai dia ta homoia rrospheromena ek nosauntou hugiainonkia,"* which being interpreted means "sick people are cured by remedies which produce analogous diseases." (Ed. Basil. ap. Froben., 1538, p. 72.)

But the grand offence of my paper seems to have been the *alleged* praising of Hahnemann as a man deserving as much respect and gratitude on the part of physicians, as Louis. I gave both credit for unusual industry, and remarked that both contributed "no stinted measure to the common stock," and that is the sum total of praise bestowed. No one disputes that Louis has well earned a place in the history of medicine; he has added very considerably to our knowledge of the natural history of disease, notably of phthisis, typhoid fever, emphysema of the lungs, croup in the adult, pericarditis, gastritis, pneumonia. And has not Hahnemann done nothing but as the reviewer in the *Lancet* has it, "appealed to popular credulity, and addressed himself to the people, to satisfy the popular clamor after specifics?" When twenty-nine years of age, remarkable from his earliest youth up to that period for the most untiring diligence and great success in the pursuit of knowledge, having made warm friends of his teachers and of distinguished physicians wherever he had studied or practised, and published a thesis on the human hand, and another on the etiology and treatment of spasmodic affections, both in Latin, he removed to Dresden, where according to the most impartial biography that I am acquainted

* We regret our printer has not the Greek letters for this quotation.—[ED. JOUR.]

with, namely, that contained in the Cyclopaedia published under the auspices of the British Society for the Diffusion of Useful Knowledge, he gained a high reputation in the hospitals, as a judicious and skilful practitioner. Soon after he published his essays on *Mercurius Solubilis*; on the mode of detecting adulterations in Wine; on *Caloric Sulphurata*; and on the Detection of Arsenic in Cases of Poisoning, besides a number of minor medical works; he also contributed many able papers to Crell's "*Chemical Annals*;" and six years afterwards, in 1790, translated Cullen's *Materia Medica*. There was nothing "*Homœopathic*" in these labors, either in quantity or quality. Any physician of the period might have been proud to own them, doubtless many were envious of his legitimate reputation. In 1796 he first published a paper in "*Hufeland's Journal*," then and for a very long period, the most respectable medium of the medical profession in Germany, in which he announced his new notions, pointed out the defects of the *Materia Medica* as then constituted, and the necessity of its re-construction upon the basis of pure experiment, and earnestly invited the co-operation of his medical brethren. From 1801 to 1811 he published extensive works developing his new views; but so far from having "*addressed himself to the people*," as my reviewer has it, *published them in Latin*. In 1812 he returned to Leipzig, where he had studied, and in that celebrated school of medicine, he was appointed to the chair of "*Magister Legenus*;" to prove his qualification for which, he wrote a "*Dissertation on the Hellebore of the Ancients*," allowed by all competent cotemporary authorities to have been "*excellent*." At Leipzig he had an extensive practice, and engaged with his pupils in the prosecution of experiments on the effects of remedies on the healthy. In 1820 commenced his persecution by the (Oh! tell it not in Gath!) *apothecaries* of the place, who succeeded in reviving an obsolete law, by the action of which he was driven from the city. After this he placed himself more and more in a hostile position to the medical world, and the principal events of his subsequent career are too well known for it to be worth while to recapitulate them.

Louis practised medicine till he was—if my memory serves me well—thirty-five years of age; when disgusted with the want of precision in the art of medicine, and possessed of a competency, (Hahnemann having labored in the extremest poverty,) he commenced those pathological researches, the valuable results of which are known to and proportionately esteemed by every well read physician. When Louis took this step the whole medical world was al-

ready fast throwing off the trammels of Theory and authority, and had returned to the cultivation of medicine as a natural science as well as an empiric art. He first went with the crowd, and then by most praiseworthy exertion, worked his way to the foremost rank. But how different the state of things when Hahnemann so many years before set the example of commencing anew, attempting, at that early period, to do for Therapeutics, what Louis has since so successfully labored to do for Pathology and Diagnosis. *Theory was then the only guide in practice.* Brunonianism was at its height in his native Germany, and no one can wonder that finding *that* so blind a guide, he looked around for something better—at this period of his life, it may fairly be presumed, as an honest and industrious searcher after truth; and if in after years, he laid himself open to charges of charlatanry, egotism, arrogance and conceit, no one can feel more thoroughly disgusted with such traits of character than I do. But is it writing *impartial history* only to abuse and deride the many faults of Hahnemann, and simply ignore his every merit? and this the writer in the *Lancet* does, not only throughout his article, but more especially in *his* comparison of him with Louis; a comparison as much wanting in truthfulness, as mine appears to have been to his.

It would be tedious to go into a critique on his critique, and I will therefore content myself with pointing out one or two errors, remarkable indeed as coming from the “CENSOR MORUM MEDICORUM,” *par excellence* of the West. It says, for instance, “it borders on the delusions of homœopathy to discover a similarity in their characters.” The only similarity I pointed out, reduced to the simplest terms, was that both, disgusted with the want of certainty in medicine recommenced its study late in life, and labored with uncommon industry to improve it. Well! this is a historical fact; and there’s an end of it. It is no creation of my fancy, nor applied by me to prove any thing but what it does prove. Again, he says “Another reason exists to prove their entire dissimilarity, in the fact, that which the observations of Louis have led to greater care and caution in the admission of medical truths, and in this way to more exactness in all departments of medical knowledge, the labors of the other have led directly as a legitimate result into the regions of fancy, vagueness and quackery.” It were easy to show that the position which the reviewer here takes is entirely false; I content myself with quoting the before-mentioned Dr. Worthington Hooker, and his work

“Physician and Patient,” p. 218. “A reform is now in progress in the medical profession. The struggle to break loose from theory is fairly begun. A deep consciousness, that the science of medicine is cumbered by a mass of rubbish, has awakened a disposition to a more careful and rigid observation. The *Materia Medica* of the profession is especially burdened in this way. The virtues which are attributed to a large portion of the remedies in use require to be tested in order to strip the statements which are made in regard to them of all that is inaccurate and false. Much of the positive medication of the present day will probably be proved by the tests of a rigid observation to be *aimless*, but by no means harmless. The overdosing which has been so much in vogue both with the community and the profession, is already fast losing its popularity. Heretofore, the great object of the physician has been to do *positive good* to the patient—to overcome disease by a well-directed onset of *heroic* remedies—and it has been a secondary object altogether to avoid doing him harm. But medical practice is becoming reversed in this respect. It may at the present time be said of quite a large proportion of the profession, that it is the principal object of the physician to avoid doing harm to the patient, and to prevent harm from being done to him by himself and by his friends; and then, after looking well to this object, he is ready to do whatever positive good he sees can be done in the case. Accordingly, cautionary and quieting measures, intended to remove the obstacles which may hinder the operation of the curative power of nature, are getting to predominate in medical treatment over the more active and direct measures for overcoming disease. ‘The golden axiom of Chomel, that it is only the *second* law of Therapeutics *to do good*, its *first* law being this—*not to do harm*’—is gradually finding its way into the medical mind, preventing a vast amount of positive ill.” (Bartlett.)

Now I happen to think that *Hahnemann* had something to do with bringing about the change in medical views and practice referred to by Dr. Hooker, and that the latter is of the same opinion, would appear from the words of his Op. Cit., p. 145: “But Homœopathy, on the contrary, is doing a good work in helping to destroy the undue reliance upon positive medication, of which I have spoken in the chapter on Medical Errors, as being quite prevalent in the medical profession, and exceedingly so in the community at large. And when Homœopathy shall have passed by, as pass it will, like other delusions before it, I believe it will be seen that Hahnemann had a

vocation to fill, of which he never dreamed, and that he has unwittingly done more good than harm to the permanent interests of medical science." And Friedlander, in his classical lectures on the history of medicine, (Lipzig, 1839,) after pointing out the great errors of Homœopathy, and the faults of character of its founder, continues, "and yet it has not existed without advantage to medicine. Let this acknowledge its own weaknesses and deficiencies, but for the existence of which, Homœopathy could not possibly have flourished as it has done. Let legitimate medicine take warning of a system, which, tearing itself loose from its nearest relations, casts itself blindly into the arms of a broad empiricism, and seeks, by conceit and falsehood, to push aside learning and science. Medicine shall then more distinctly realize its own errors, and its distance from perfection; and may this teach it humility. It shall learn that disease does not always require to be attacked with a whole army of powerful medicines, in powerful doses. It shall learn too, from Homœopathy, to study symptoms with more care; to pay more attention to a methodical regime, to give less medicine, to understand the therapeutic actions of remedies, and to experiment with them on the healthy. But just as we do not abuse the mole, because the fungus sprung up of a night, seems to be a palm tree; so is it beneath our dignity to approve the invective lavished upon Homœopathy. Calmly leaving this enemy to meet its inevitable fate, medicine should busy itself solely with its own improvement. To this end will even Homœopathy contribute; not as its admirers fondly imagine, by its own vital powers; but by acting as a ferment, of which, in the clear wine, no trace will remain."

The reviewer accuses Hahnemann of setting at nought "the observations and reflections of twenty-five centuries." That is, he presumed to differ with authorities, and sought some other guide than routine. Dr. Paris, President of the Royal College of Physicians, England, author of a work called "*Pharmacologia*," of which the *eighth* London edition is before me, observes, (p. 41,) "It is an instinct in our nature to follow the track pointed out by a few leaders; we are gregarious animals in a moral as well as a physical sense, and we are addicted to routine because it is always easier to follow the opinions of others than to reason and judge for ourselves. "The mass of mankind," as Dr. Paley observes, "act more from habit than reflection." What but such a temper could have upheld the preposterous system of Galen for more than thir-

teen centuries, and have enabled it to give universal laws in medicine to Europe, Africa, and part of Asia? I think it would have been but just, on the part of the reviewer, to have deducted those "thirteen centuries" during which the profession followed a system more preposterous than that of Hahnemann, from his "twenty-five," and I should very much like to know how many of the "observations and reflections"—that is, I suppose, *theories*—the reviewer will guarantee shall not be regarded a hundred hence as false? Look at the history of one of the most common diseases only—continued fever. "In a space of less than forty years, we have gone through three revolutions of opinion with respect to our treatment of a disease of very frequent occurrence, and of the most decisive and urgent symptoms." (J. Bostock's History of Medicine.) The author of each of these revolutions "set at naught the observations and reflections" of those who had gone before him; but nobody ever heard of Cullen being proscribed by medical journalists, for the high crime and misdemeanor of asserting fever to be a disease of debility, nor Curry, for daring to treat it with cold water.

Dr. Paris observes again, "What but a blind devotion to authority, or an inseparable attachment to established custom and routine, could have so long preserved from oblivion the absurd medicines which abound in our earlier dispensaries?" And I may add, which are still to be found in such works as the French Codex? It would appear to the mind of an ordinary person, that if the labors of Hahnemann and his followers have had the effect ascribed to them by Hooker, Friedlander and others, and have really been the cause of a wholesome mistrust in the dogmas of authority and a contempt for mere custom and routine; if they have proved or caused others to prove that certain modes of treatment were either useless or injurious, then they have *not* "led directly into the regions of fancy, vagueness and quackery," as the reviewer asserts. It is idle to contend that such results were incidental. There can be no more question that Hahnemann *set out* with honest intentions, on the right road, and labored hard in his "vocation," than that late in life, "he viewed himself as a great reformer, and as the founder of a system; and he was soon ready to proclaim to the world that his was "the gift of God to man." Discarding all the past experience of ages as useless, with his mind filled with bright visions of his future greatness, he was ready to say, with Paracelsus, 'the monarchy of physicians is mine.'" (Hooker, Op. Cit.) Another authority

says of him, "No careful observer of his actions, or candid reader of his writings, can hesitate for a moment to admit, that he was a very extraordinary man—one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine as ingenious as many that preceded it, and destined, probably, to be the remote, if not the immediate cause of more important fundamental changes in the practice of the healing art, than have resulted from any promulgated since the days of Galen himself. Hahnemann was undoubtedly a genius and a scholar; a man of indefatigable industry, of undaunted energy." (John Forbes, M. D., one of the editors of the *Cyclopædia of Practical Medicine*, Editor of the *British and Foreign Reviews*, and Translator of *Lacunec*, &c.)

In the continuation of *his* comparison of Hahnemann with Louis, the reviewer asks "which of these pursued the proper course to approximate to, or arrive at truth?" Pathology was the great object of the labors of Louis. In the prosecution of those labors, he may almost be said to have been the inventor of the "numerical method;" to which many respected authors think him somewhat too partial. To investigate the true effect of remedies, was the exclusive problem H. attempted to solve. To this end he experimented particularly, industriously, and scientifically, as the condition of German medicine at the time (1769) could well allow. In what particular the course then pursued was not a "proper course," is hard to perceive, as it is strange that no jealous cotemporary—no German Western Lancet—pointed out its impropriety. That he, born and bred in an age and country where theory ruled paramount, should have had the sagacity to discover the great deficiencies of medicine, as then taught and practised in that country, and should have honestly set out on a laborious, independent, and personally disagreeable course of investigation, in order to find some better guide than the dogmas of authority, must, in the minds of all just men, be looked upon as highly creditable; just as much so as his subsequent conduct, when his mind, too much of the generalizing order, having become possessed of the "one idea" to which some exceptional phenomena he worshipped gave rise, can scarcely be commented on with seriousness; ending, as it did, with the publication of a system of astounding and arrogant dogmatism.

The reviewer proceeds to indulge in a long condemnatory tirade, predicated on the false fact that I had eulogized Hahnemann undeservedly; or in coupling his name with Louis, had meant to confer

on him unmerited honor. I am willing to give him credit for having warmed as he wrote, until his holy horror of quackery got the better of his temper or his judgment, and blinded him to the claims of justice. In no other honorable way can I explain his unwarrantable singling out of sentences and expressions, in order to found on them a charge of aiding and abetting quackery; when not only does the essay, as a whole, bear any thing rather than such an interpretation; but the known character, practice and associations of the author should have shielded him from such uncharitable conclusions. But what excuse can be found for the insinuations as to *the intention of my essay*, thrown out by the reviewer? He boasts of liking frankness. I have already frankly given the history of its composition, and now frankly declare my *intention* to have been just what is stated in it; neither more nor less; namely, to present “a sketch or outline, of the different theories of life, health, or disease, which have by turns influenced the world of medicine for the last hundred years;” and the only circumstance which decided my choice of subject, was the possession of rough notes upon it, which saved me time in composition. No one can be more sensible that my hasty performance was a very indifferent one, than myself; but nothing could have been farther from my intention than to have afforded any one—even an enemy—grounds for a charge of countenancing empiricism. I yield to none in devotion to a profession of which three generations of progenitors have been reputable members; nor can any one entertain a profounder respect for its true heroes, or feel a warmer interest in its improvement.

Even in my mention of Louis and Hahnemann together, not to eulogize the latter, but simply to note points of resemblance, and so much that is unlike, my remarks may be considered fanciful, and my attempt to forestall the judgment of history vain presumption; but I have at least one satisfaction, that of erring in good company. This the extracts from authors already given might suffice to prove; but if you can afford me the space, I should like to “make assurance doubly sure,” by offering the following additional evidence: Stille, in his *Elements of pathology*, p. 27, classes together the theories or “isms” of Hahneman, Broussais, Brown, and Rush! and Bartlett, in his *Philosophy of Medical Science*, (p. 188 et seq.) speaking of Cullen’s doctrine of fever, says, “But the entire theory differs, in no way, so far as its essential character and its relations to true science, are concerned, from those of the methodists,

the chemists, the mechanicians, amongst the ancients ; or from that of Brown, of Rasori, of Broussais, of Hahneman, or of Samuel Thompson, among the moderns." Brown, Hahnemann, Cooke ; Cooke, Rush, Hahnemann ; these are names that occur again and again, in juxta-position—"hail, fellow ! well met" relation—on the pages of Professor Bartlett's classical treatise. But with what dignity, what philosophy, what temper, what honest intention, are their errors descanted on ! I wish the reviewer of the *Lancet*—but I forbear.

And now, sir, it would seem, that if Hahnemann, as the authorities quoted contend, has exerted a powerful influence on the development of medical science in general, by shaking its blind faith in the unsound "observations and reflections of twenty-five centuries," and the therapeutic dogmas of authority—by broaching new ideas, which, whatever their own merit, powerfully stirred up others to think—by compelling new investigations into the actual wants of medicine, and new exertions to supply those wants—by striving to introduce a comprehensive principle into therapeutics, supposed, (however baseless the supposition may actually prove) to be grounded on experiment and observation—by laboring originally in good faith, and with amazing patience and perseverance, though on a wrong route, to determine the real effects of remedies on the human system—by compelling a re-examination into the proper doses and indications for the use of medicines—by restoring diet and regimen to their legitimate positions—and, though unintentional on his part, by teaching what the unaided but *unimpeded* powers of nature can do towards healing the sick, then is he at least as fairly entitled to a place on the list of Esculapean celebrities (*which is all I claimed for him*) as is Brown, the sot and the blackguard, who invented a system of medicine merely to spite his successful opponent, Cullen, which upheaved the deeps of physic as a mighty tempest, the swell after which still lashes Italia's distant shores ; or Paracelsus, "the prince of empyrics," who, though he taught us the use of mercury in syphilis, and brought calomel, antimonials and opium into general use, "in gluttony and drunkenness, in lying and in charlatanism, in vanity and arrogance, has seldom been equalled and never surpassed," who is allowed by all respectable medical writers to have produced a greater revolution in the *Materia Medica* and a greater change in medical practice, than any person who had appeared since the days of Galen, and of whom Paris observes, "the important ser-

vices he has rendered mankind," (*accidentally* of course,) "by opposing the bigotry of the schools, and introducing powerful remedies into practice, cannot be recorded without feelings of *gratitude and respect!*" The italics are mine.

Respectfully, your friend,

S. HANBURY SMITH.

ART. II.—*Prolapsed Rectum from Maltreatment during Labor.* By
H. M. McABEE, M. D., Canton, Ohio.

September, 1848, I was called to see Mrs. M., aged about thirty-eight years, above the ordinary size, stout, and hitherto unacquainted with disease. She was the mother of six children, the youngest having been born about forty-eight hours previous to my visit. In the examination of her case the following facts were gleaned. During labor she had been attended by a midwife, who by the way had seen not a little service. The child was extruded without any unusual symptoms, being of medium size and in good living condition. After waiting until the close of "the hour," the attendant expressed it as her opinion that the afterbirth was going to be too long after, and suggested the propriety of adopting means for its removal. Blowing through the hands, sticking the finger down the throat, and "sich" were accordingly tried, but without avail. Whereupon the lying-in woman was directed to rise from the bed and stand upon the floor. The midwife then proceeded to place a vessel between the patients feet, which being done she was seized by the shoulders by the little old woman and shaken until the tardy placenta was made to let go and tumble unceremoniously into the vessel below. Immediate complaint of a distressing sense of bearing down and distension in the anal region was made by the patient, who insisted that her "*guts* were coming out." Meanwhile her attendant pronounced all right, and took her leave. Soon after she was sent for and told that the pain was increasing. She however refused to attend, saying that it was only after-pains. I was then sent for, and on my arrival found the woman bathed in clammy perspiration from head to foot, suffering intense pain about the anus, with a flabby, furred tongue and rapid pulse. Exploration by the hand at once satisfied me that the bowel was protruded. Nor did it require long to ascertain that any attempt to replace the prolapsed intestine must

fail, because of its extreme tenderness and engorgement. Letting the light upon the parts, about two inches of the prolapsed gut was to be seen, clothed of course with unmistakable evidences of inflammation. And it is fit to say that in this case the whole thickness of the bowel seemed to be everted. For nearly forty-eight hours it had laid without the sphincter, the contraction of which favored engorgement by preventing return of venous blood, this, together with irritation from friction and atmospheric stimuli, was sufficient to warrant rather an unpromising prognosis, at least so far as the continuity of the displaced tissues were concerned. The only constitutional treatment was the use of an aperient, with the occasional administration of a Dover's powder. The local appliances consisted of an alternation of cold and warm water dressings, holding in solution acetate of lead, with unguents of opium and Hyoscyamus. On the second day a small portion of the gut was carried within the sphincter by introducing a lubricated finger into the intestinal tube, and making gentle but continued pressure in the direction of its longitudinal axis. On withdrawing the finger the displaced bowel followed it. The movement was then repeated with the precaution when it was carried up, of retaining it there by two fingers of the other hand, until with a slight rotary motion the incarcerated finger was liberated. This manipulation was repeated daily, with as much force as the tender tissues appeared to warrant, until the tenth day, when I had the satisfaction of feeling the sphincter close smoothly over the intestinal terminus. Vegetable astringent enemata, and the wearing of a strong bandage ended the treatment. For two subsequent years the difficulty did not return, since I have not seen her.

The above case was interesting to me rather on account of what did *not* occur, than what *did* occur. Mark the condition—the woman is standing upright, the pelvic floor is greatly relaxed, as the result of previous forcible distension, the vagina is dilated so as no longer to support the uterus as a bottle neck supports a funnel, the os is uncontracted. In this condition traction is made upon the inner surface of the uterine parietes by the pendant placenta with the membranes and their contained blood, in an amount varying from one and a half to three pounds, and that too in a direction corresponding with the longitudinal axis of the open strait. The whole body is so violently shaken as either to break up the placental attachment by main force, or what is quite as probable, to effect the

same end by bringing on uterine contractions. At the same time the violence is sufficient to displace a neighboring organ having the positive support of a proper sphincter muscle.

The queries presented to my mind were 1st. Why did not the uterus invert? 2d. Why did it not prolapse either in company with the rectum, or alone? 3d. Why was not excessive hemorrhage induced?

Not feeling disposed to trouble the Journal and its readers with comment on the case, I leave it with them.

ART. III.—*Treatment of Cholera*. By THOS. W. GORDON, M. D.,
Georgetown, Ohio.

DR. HOWARD—DEAR SIR: In compliance with my promise to you, in a former letter, I herewith transmit a sketch of several cases of cholera, that occurred in this vicinity during the past summer. But before giving the cases, I will premise, that from the examination of the patients afflicted with the cholera during the summer of 1849, I believed the primary impression made by the disease, was upon the nervous centres, and similar to the impression made by the cause called malaria. I then said to those with whom I was acquainted, that if I was called to treat cholera, my treatment should be directed, in the first place, to the relief of pain, and almost immediately to the nervous centres, by antiperiodics, or if called before cramping occurred, I would use antiperiodics in the commencement of my treatment. The first of July last, I visited Dr. William Buckner, of Hamilton, Ohio, and while there, cholera was one of the topics of conversation. I then expressed myself to him in the language above used, in relation of my opinion of the disease, and stated my treatment would be with antiperiodics, and from the benefit I had derived from Acetate of Morphia in dysentery during the summer of 1851, I should use it as a means of relieving pain.

The cholera broke out among us almost immediately upon my return home. Not wishing to prolong this paper with further remarks in this place, I will proceed to give the cases as they occurred, neglecting the minutia of symptoms, in many cases, believing they are fully understood by the medical world.

CASE FIRST.

A gentleman of the village of E. O., had been in Cincinnati several days, purchasing goods. He came home with active diarrhoea. The same night the symptoms becoming alarming, I was requested to see him. I found the evacuations copious from the stomach and bowels, and of that peculiar rice water appearance, without fœces, known as the choleric discharges. The extremities were cold, shriveled, and palid, the eyes sunk in their orbits, and the conjunctiva highly injected, with a contracted feeling at the precordia, and slight cramping of the extremities and abdominal muscles. I visited him twice the first night.

My prescriptions as written down at the time, stand thus :

Acet. Morph., Pulv., ij.;

Quinia Sulph., “ ij.;

Pill Hg., grs. x.

The next day I visited him thrice. My prescription for the day, was Quinia Pulv. j.; 3d day, Quinia Sulph. iij. This day was the last I had to visit him. He had no other treatment, excepting epispastics to the stomach and abdomen.

There was no consecutive fever in this, or any of the other cases I saw during the prevalence of the disease.

CASE SECOND.

T. J. M., a lawyer of this village. His case was similar to the above, with the exception of emesis. The treatment the same with the exception of the use of Quinia for the first 36 hours. It was necessary to continue the treatment for a longer time than with the first patient; although I saw him at an earlier stage of the disease, it did not yield as readily, having seen him very soon after the first appearance of diarrhoea, I thought other means might control it. But it increased in violence, until I put him upon the use of Quinia, and after using it some six hours, he having taken about 18 grs., the diarrhoea ceased, and he convalesced.

CASE THIRD.

Mrs. G., attacked July 19th. This lady resides about one mile from town. She was taken sick during the night, and when I was

sent for to see her, I was engaged, and my brother attended her. When visited she was cramping excessively, limbs very cold, eyes sunken, and a purplish hue pervading the skin of the limbs, face, neck, &c. The skin of the hands and forearms corrugated, and apparently attached to the bones. She was constantly purging and vomiting a substance resembling water, with white flocculi floating in it. The first prescription in this case was Quinia Sulph. et Acet. Morph. Pulv. v. On the second visit, some four hours after she was left, the prescription was Quinia Pulv. v., to be taken at intervals of two hours, and pill Hydr., to be taken two hours after the last paper of Quinia was given, and six hours later to be followed with a Seidlitz powder, Epispastics, Chloroform and cloths wrung from hot water, were applied actively over the stomach and abdomen, from the beginning of the treatment. July 20th.—Prescription, Quinia Pulv. v. Convalescent. I saw this woman on the 28th; her arms (and she said her body and lower extremities,) were of a purplish yellow hue, resembling exactly in appearance, a bruised part, where the effect is passing off by absorption.

CASE FOURTH.

W. C. T., a young man, an assistant in the Auditor's office of this county. He lived only about twelve hours from the attack of the disease. As nearly as I could judge of his case, from those who saw him, (not his physicians,) his situation was about the same as that of the gentleman who was the first case, until a short time before his death. What the treatment was I have never learned, any farther than that he took a blue pill every hour from the beginning of the treatment until near the time of his death.

CASE FIFTH

Was a German boy; he was also in other hands. I believe he died on the day of the attack, or rather on the day in which aid was called. I know nothing of the treatment.

CASE SIXTH.

G. W. H. A young man who had been with the fourth case, up to the time of his death, and was attacked almost immediately after, so that he was unable to attend the funeral of his friend, which

he had designed doing. His nervous system was very much depressed, I think partly from fear. In this case, the disease was more mild than in the majority of the patients I had seen. His treatment was—

July 26th — Prot. Chl. Hydr., grs. iii ;

27th — Quinia Sulph. et Acet. Morph., Pulv., iii ;

28th — Seidlitz, j ;

29th — Seidlitz j.

CASE SEVENTH.

S. W. J. A legal gentleman of this place, now in the Ohio Senate. He had been from home on business in the eastern cities for some weeks. While absent he had several attacks of diarrhœa. His family was sorely afflicted by disease soon after his return. He bore up under his own attacks and the afflictions of his family with all possible vigor, using various remedies to control the diarrhœa until the 28th, when after a day's ride on horseback, he was attacked with the peculiar diarrhœa of cholera, most profuse and debilitating. He did not vomit, however, though much nauseated. The treatment was the same as that detailed in the cases above. This gentleman used Quinia and Acetate of Morphia, for several days after he again commenced his business, to endeavor to give tone to his general system, which had suffered materially from the Mexican campaign,

CASE 8TH.—A. E., a gentleman residing about three miles in the country. He came home from Cincinnati during the night of the 28th, having suffered very much from diarrhœa for the last four days. He was attacked violently before daylight of the 29th. I saw him soon after daybreak on the morning of the 29th July. His eyes were sunk in their orbits, conjunctive, injected ; tongue broad, livid, and corrugated along the edges. He was vomiting, purging, and cramping with violence. My prescription reads thus :

Acet. Morph. and Quinine, pulv. v.

Prot. Chl. Hydr. et acet. Morph. pulv. ij.

Epispastics and Chloroform over stomach and bowels.

July 30th — Quinia pulv. v.

July 31st Seidlitz j. — Convalescent.

CASE 9TH.—Was a little girl, (daughter of J. N.,) living nearly two miles from town. She was attacked July 28th. (Attended by my brother.)

Presc. Acet. Morph. puv. iij.

Prot. Chl. Hydr. and Quinia. pulv. ij.

July 29th. — Quinia. et Acet. Morph.,
With Sinapisms. — Convalescent.

CASE 10TH. — C. K., a German girl, living in the family of Case 1st. She was attacked on the night of July 31st. In this case I was in constant attendance during the night, as she would not be controlled by any other person. Her vomiting and diarrhoea commenced simultaneously at 8 o'clock, P. M., and continued unabated, with the exception of a few minutes that she was under the influence of chloroform, until 2 o'clock A. M., of August 1st. I remained with her all night. The treatment during the night was Quinia and acetate Morph., with sinapisms and chloroform over the stomach and abdomen, and inhalations of chloroform at two different times during the night, until it produced anæsthesia. During the time she was under the influence of the chloroform the vomiting and purging ceased.

In the morning before I left I prescribed Quinia and Prot. Chl. Hydr. And at a subsequent visit on the same day, (August 1st) prescribed Quinia grs. vj. Prot. Chl. Hydr. ij. — To be followed on August 2d, with Ol. Ricini. — Convalescent.

CASE 11TH. — I did not see this case, or know anything of the treatment. (He was the father of the German boy, Case 5th.) He lingered along for several weeks, the disease finally terminating in intermittent fever.

CASE 12TH. — Was a young man, living with the gentleman who was the 8th Case. He left his employer on Saturday night, to spend the first day of the week at home. On Monday morning he was attacked with cholera. He sent for an aged and respectable practitioner of medicine, who saw him soon after. This case terminated fatally, in about twelve hours after it became severe, and about fifteen hours after the first appearance of diarrhoea. I know nothing of the treatment in this case.

CASE 13TH. — This was a german woman, the mother of the 5th Case, and wife of the 11th, whose disease terminated in intermittent fever. This case terminated fatally in about 24 hours from the commencement of the disease, or rather of the treatment. Of the treatment again, I know nothing.

CASE 14TH. — Was a young woman, E. J., residing in this village. She was attended by the same medical gentleman who attended the 12th Case. She lived a little over 24 hours from the commencement of treatment.

CASE 15TH. — J. N., the father of the 9th Case. He was attacked on the 4th of August. For the first eight hours it seemed almost impossible to control either the vomiting or the diarrhoea. The cramping of the abdominal muscles, and those of the extremities, was very distressing.

The treatment, Quinia and acetate of Morphia, with sinapisms and chloroform, applied externally, and inhalation of chloroform at one time sufficient to produce anæsthesia. He was, however, so much better within twenty-four hours, that I thought there was but little danger in his case, and in forty-eight hours he was well, with the exception of debility.

CASE 16TH. — Mrs. C., a robust Irish woman, within a mile of this place. She was attacked August 5th. She had been unwell for several days, complaining of lassitude, with slight diarrhoea. On the morning that she was taken, she went to a spring, a short distance from her house, for a bucket of water, and while there was attacked so severely with diarrhoea, that she sunk to the ground from exhaustion, and had to remain some time, before she could be assisted to the house. I was called to her immediately, being near there at the time visiting another patient. The treatment was the same as detailed in the cases above, excepting I used no chloroform with her. She seemed out of apparent danger, within twenty-four hours, but had a relapse the next morning, from taking exercise, it however yielded readily to the means first employed.

CASE 17TH. — Mrs. E. B., an elderly lady residing in this village. She was attacked August 5th, and when I saw her, I think I had less hope of her restoration to health, than of any patient I ever

saw, when there was any other reason for hope, except that life was not extinct. Vomiting, cramping, and diarrhœa were constant, or nearly so. The extremities were cold, the wrists pulseless, the skin between a purple and lead color, and that on the hands and arms corrugated. She had on a dress with tight sleeves, yet the arm was so shrunken that I slipped the sleeve easily to the shoulder.

Treatment.—I gave this woman Quinia. gr. i, at five doses, the first two only ten minutes apart, and with each of these powders I used Morphia acetate gr. $\frac{1}{4}$.* The third powder was given in fifteen minutes from the second, in vini Galica et aqua ferv pars equales. In fifteen or twenty minutes from the exhibition of the third powder, I thought I could detect a fluttering or vibrating of the radial artery. The diarrhœa was controlled in a short time, but the retching and vomiting continued slight for some five or six hours. Sinapisms had been freely applied, from the time I first saw her, and cloths wrung from hot water, applied immediately upon the mustard. The 4th powder was given two hours after the third, and the 5th five hours later. Reaction was fully established by the next morning. I then undertook to slip the sleeve upon the arm, and found it impossible to raise it to the elbow, though easily raised to the shoulder twenty-four hours before. The following is the subsequent treatment :

August 6th.—Quinia grs. vj.
Rheii. pulv. iij.
Acet. Morph. pulv. ij.

August 7th.—Quinia. grs. vj.

“ 8th.—Seidlitz j.

CASE 18TH.—This patient was a little girl some nine or ten years of age. Daughter of the third patient. She was attacked on the 18th of August, in the night. (My brother visited her first.) Her cramping was harder to control than in any of the other patients I saw during the time the disease prevailed here. This was indeed the only cholera patient seen by myself or brother, that we did not consider out of danger within twenty-four hours from the time treatment was commenced. But with her the cramping continued more or less violent for three days, only when controlled by the immediate effect of remedies.

*The acetate of Morphia I used was not quite pure, but the best I could obtain here at the time. The doses are rather larger than I would use of a pure article. The Quinia was a very pure article.

Prescrip. August 18th. — Acet. Morph. and sinapisms.

“ “ 19th. — Acet. Morph. Quinia, Prot. Chl. Hydr.
et Ol. Ricini.

“ “ 20th. — Quinia and Acet. Morph.

“ “ 21st. — Quinia and Acet Morph.

The above comprises the most of the cases that occurred here during the past season, and all, excepting one, as far as I know. The case here referred to, was a child, a little boy, attended by the medical gentleman referred to above, as attending the 12th case. He recovered after several weeks. I did not place him in the above list, because I did not know what place he occupied numerically, and of the treatment used I know nothing.

We attended others that showed choleric symptoms, but such as I thought not worth the while to set down at the time; they however all recovered.

The notes of the above cases are as full as I had time to make them, at the time the disease was prevailing. There may possibly have been cases in the hands of others in this region, that recovered, that I did not know of. But I think I should have heard of them, as there was considerable of a panic with many of the citizens in relation to the disease. And I made careful enquiry at the time to endeavor to learn every case.

It was reported at the time, that even some of those, whose duty it was, by the profession they had chosen, to stand by the afflicted, felt the panic so much, as to refuse to visit those afflicted with the disease.

The doses of Quinia used in the cases above given were from ij to x grs. each, and of Acetate of Morphia from 1-12 to $\frac{1}{4}$, varying in time of administration, from once in ten minutes, to six hours.

I had epispastics used freely over the stomach and abdomen of all cases I attended, and often used flannels wrung from hot water, and changed every four or five minutes, and in a few cases used chloroform also. Mercurials were used to excite biliary action, but not to arrest the primary effects of the disease.

I may be charged with egotism by some who may chance to read this paper, by my prefacing the cases given, by the causes that led me to the use of Quinine. I have only this to say to such, that my opinion was made up by carefully observing cases where I had nothing to do with the treatment. And that the result of the treat-

ment thus far, has more than met my most sanguine expectations. And that it is my wish at all times, to write nothing for a medical journal, that I have not good reason to believe will stand by the practitioner of medicine, when he is standing by the bedside of his patient; hoping this paper may be one means of arming us to fight successfully against the pest, that has in many instances chosen its victims from high places in our own loved profession, and in other instances made those who had been bold against other diseases, tremble before this one, that “walketh abroad at night, and wasteth at noonday,” I throw them to the world.

After cholera left us, we had a number of cases of remittent and intermittent fever to attend, and of those I saw, all but one were ushered in with violent diarrhœa, and some of them so violent, as to prostrate the patient almost as rapidly as cholera. The discharges consisting of a slight show of bilious matter, mixed with water or serum. They resembled cholera discharges with bile intermixed, more closely than anything else I can compare them to.

QUERIES.

1st. Is the sense of cramping in the precordia in cholera, only an increase of the same sensation produced in the same region in intermittents?

2d. Does cholera depend upon the same cause that intermittents do, for its origin.

3d. Is the cause known as malaria, a poison originating from the decomposition of vegetable matter, as is generally taught, or does it depend upon thermometric, or electric changes?

ART. IV. *Imperforate Rectum—An interesting case.* By WILLIAM JACKSON, M. D.

On the first day of October, 1852, Mrs. W— gave birth to a child, and at the time spoken of, presented every indication of health. In a short time it was noticed that it discharged nothing per rectum. The nurse tried an injection but effected nothing. One week from the birth of the child, I was called, and, upon examination, ascertained that there was a complete closure of the rectum, about one inch and a half from the anus. At this time the abdomen was slightly swollen and the child had vomited seve-

ral times. I proposed an operation for the purpose of opening the closed rectum, stating at the same time that it *might* not save the child's life ; but if nothing was done, its death was inevitable. The consent of the parents could not be obtained.

The child continued to vomit about once in every twenty-four hours, the appetite generally good. The abdomen continued to enlarge gradually, when, at the end of eight weeks from its birth, the distension being enormous, convulsions supervened and death.

Upon a post-mortem examination, a membranous septum, about two lines in thickness, was found to occlude the bowel one inch and half from the anus. The walls of the rectum were non-adherent. The large intestines were greatly distended with sterceraceous matter and flatus. No mark of inflammation, only slight congestion of the descending colon.

— An operation would certainly have saved the life of the child. I have not seen in any work an account of such a case. The specimen, I am sorry to say, was not preserved.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*A Consideration of the Pathology and Treatment of Pneumonia.* By JAMES LOGAN, M. D. *An Address delivered before the Culpepper County Medical Society, and asked for publication by that body.*

GENTLEMEN : I present myself before you, in obedience to a call which has been made upon me, carrying with it, as I conceive, an obligation which no member of this society has a right to disregard. I feel that it is not likely that I shall be able to do justice to the subject which has been selected by the society for discussion to-day, nor in any way to reflect credit upon the judgment which has placed me in the position I now occupy; and when I remember that the

subjects with which we have to deal are not mere matters of speculative curiosity or intellectual amusement, to be taken up to-day, and dismissed perhaps to-morrow with unconcern, but that they involve doctrines and maxims connected with life and death, my mind is filled with an almost painful sense of the great responsibility under which I speak to you, proceeding, however, rather from a knowledge of my own incompetency to be engaged in so serious an undertaking, than from any fear that I entertain of inculcating error into the minds of members of this society, believing as I do that there is an amply sufficient amount of intelligence and science here to correct any mistake into which I may fall, and feeling as I do that my "ipse dixit" upon the subject under consideration carries with it nothing more than a simple presentation of individual views, to undergo the rigid scrutiny of a body of enlightened physicians.

I shall now proceed to introduce the disease which has been selected by the society for this day's consideration. *Pneumonia* is confessedly one of the most important diseases which can engage the attention of the medical profession of this continent. It is, as is well known, one of the most frequent diseases with which we have to contend, either as a distinct and primary affection, or as a complication of others, and, according to Professor Dickson, perhaps the most common outlet of life. *Pneumonia* is a subject of *special* interest at all times to the physicians of this section, having as they do more or less of it to treat at each return of the cold season; but it is peculiarly interesting at this particular period, from its having prevailed so extensively (and fatally in some sections) as an epidemic during the recent winter and spring, with the strongest probability, as I believe, that we shall have it prevailing again in the same form with the return of its appropriate season. This suggestion I base upon my observation in relation to other diseases of an epidemic character, especially those that are principally confined to particular seasons, the cause of the disease, or the source at least of its *epidemic influence*, not being exhausted in one season.

I have no idea, however, gentlemen, of troubling you with a disquisition upon epidemic influence. This is a *mystery* about which, except incidentally, I have ceased to trouble my own brain, not, however, questioning the importance of the investigations which have been and are still being made in reference to this matter, but being satisfied to feel, for the present, in regard to this as to other *mysteries*, "Ye all are one: the mind of an inexplicable architect

dwellleth alike in each, quickening and moving in them all; fields, and forests, and cities of men, their *woes* and wealth and works, and customs and contrivances of life, with all we see and know, for a little way, a little while, ye hang dependent on each other; but all are held in his right hand, and by *His will* ye are.”—Tupper. I am willing to leave the solution of this question to wiser heads than my own, confining my attention to subjects better suited to my capacity and opportunities. Whatever then may be the predisposing cause of pneumonia, either belonging to the individual, or, in the more general and extended sense, inducing it at a particular period as a prevailing disease, I shall only upon the present occasion consider its exciting cause, which is usually exposure to cold and moisture. It will not be, however, our business in this connection to discuss the question how cold causes disease in the part to which it is applied, as is seen in chilblain, gangrenous or erysipelatous inflammation, and in paralysis or altered sensation of a part, but to look to the most common way in which cold causes disease or derangement of the human body. The term *cold* is relative, not absolute; something below, considerably, the temperature of the body; not a fixed temperature or range of temperature, but one which applied to the surface, or any portion of it, more particularly the latter, repels the blood from the part, deranges the balance of the circulation, gives other portions of the body more blood than they can dispose of, checks the secretion from the skin, and thereby produces internal congestion, irritation and inflammation—different individuals suffering according to the predisposition which existed in their bodies to particular diseases, either original or acquired, from epidemic influences or other causes. Thus, as the result of exposure to the same morbid cause, wet feet, a partial exposure of the body to a draft of air, or from insufficient clothing, we find one individual having induced an attack of pneumonia, another rheumatism, pleurisy, &c. This disease, though generally met with in winter and spring, may occur at any season of the year, as we might naturally suppose from the case stated, and is not confined to any period of life, attacking all classes of subjects, from infancy to old age.

There seems to be some discrepancy in the use which has been made of the term pneumonia by different writers upon the subject. Elliotson says, the term is the name given to any inflammation within the chest, even to that of the heart and pericardium, and applies the name of peripneumonia to inflammation of the air cells, or of

the cellular membrane around them. It seems, however that the latter name has been pretty well discarded; and as to the definition of the term *pneumonia* above mentioned, it is in no such vague and general sense as this that you will expect me to define and treat the disease. What we all understand pneumonia proper to be, is inflammation of the substance of the lungs. I shall not attempt to make any of those nice distinctions, without any practical difference, which authors sometimes make, but shall present the disease as one affecting the spongy texture or parenchyma of the lungs, involving the air tubes as well as the air cells; and as we very often find it, perhaps most generally, complicated with inflammation of the pleura, constituting pleura-pneumonia, as the disease is termed by Andral, the changes shown in the diseased lung vary relatively to time and other circumstances. We first find sanguineous congestion, engorgement and infiltration of blood into the pulmonary tissue, constituting what authors term "splenization;" then from the progress of the disease the organ loses its light, cellular texture, and becomes solidified and granulated, and of a livid, brownish color, constituting "hepatization." It shows still later, purulent infiltration, and occasionally collections of pus, and is sometimes found gangrenous and disintegrated in the bodies of those who have died of the disease.

The signs or symptoms which indicate the morbid changes above enumerated, are of two characters—those which are *external*, rational or palpable, and those which are *internal*: the former constituting more particularly what we call in ordinary language *symptoms*; the latter, *physical signs*, manifested by the modern mode of exploring the chest by auscultation and percussion.

For our knowledge of the morbid changes which constitute disease, we are dependent during life upon our observation of the symptoms. This evidence, although indirect, is the only one which we can command when vital organs are concerned; for no one can obtain ocular evidence of the condition of the internal organs. The science of pathology has been built up by a careful observation of symptoms, and a comparison of these with the anatomical appearances exhibited in those who die. In this way we have become able to infer the existence of internal and hidden changes by external and cognizable phenomena.

In the first place, then, we find pneumonia coming on often with a chill, which soon ushers in the hot stage of fever, generally accompanied with dyspnoea or difficulty of breathing, uneasiness or op-

pression of some part of the chest, a pain rather obtuse than keen. Where the pleura are unaffected, which is, however, rarely the case, the pain is increased by inspiration: you therefore find the patient laboring to use the lungs as little as possible, the face is flushed, the pulse, perhaps most generally, full and hard, but this you will find to be variable; and Andral remarks, that when the inflammation is very intense, the pulse is sometimes remarkably small, which smallness disappears after copious blood-letting. I would therefore say, gentlemen, beware how you pronounce or decide pneumonia to be of a low or typhoid character by the condition of the pulse: cough soon attends, at first dry, hacking and distressing; a little mucus is next brought up, intermixed with blood slightly; then colored brown like iron rust; then of a deeper hue, resembling prune juice. As the case progresses, this is mingled with, or substituted by, a creamy or frothy matter, muco-purulent or sero-purulent, and in the worse instances grows thin, sero-sanguinolent, dark and highly offensive. There is orthopnea and panting; the pulse becomes small and weak, and extremely frequent; the skin cold and clammy; the countenance livid and shrunken; the lips and tongue bluish and purple. There is low, muttering delirium, cough and expectoration cease, and death soon follows.

I have given you what are perhaps most usually the *symptoms*, indicating the supervention, progress and fatal termination of a case of pneumonia. I shall in the next place refer to the *physical signs*, or those which we ascertain by means of the ear.

I shall not attempt to enlighten you upon this subject. What I shall say is what you all know fully as well as, perhaps a great deal better than, I do. My knowledge upon the subject of auscultation and percussion is only sufficient to make me earnestly desire that I had more. I would not attempt to impose upon this society by professing a thorough and accurate acquaintance with this most important means of diagnosis in diseases of the chest, even so far as I know it to be my duty to understand it. Its value can scarcely be overestimated; and though we are denied the opportunities which hospitals and large cities afford for investigations of this character, and though we find individuals using this great discovery of Laennec as a means of humbugging and imposing upon the public, and though scientific and honest cultivators of the art may commit errors, let us use diligently the opportunities we have; let us not be driven from the honest pursuit of science because unworthy members of a

noble profession pervert this, as they do other results of laborious and honorable investigation, capable of, and intended for, high and holy uses, to base and dishonorable ends; let us not discard a glorious achievement of our art because we cannot *all* use it with the same invariable and entire success—as has been well said,

“A great mind is ready to believe, for he hungereth to feed on facts,
And the gnawing stomach of his ignorance craveth unceasing to be filled;
A little mind is boastful and incredulous, for he fancieth all knowledge is
his own,

So will he cavil at truth; how should it be true and HE NOT KNOW IT?

True wisdom, laboring to expound, heareth others readily;

False wisdom, sturdy to deny, closeth up her mind to argument:

So, adding vanity to blindness, for ease it taketh refuge in a doubt,

And, aching soon with ceaseless doubt, it finisheth the strife by misbelieving.”

Let us at least not be behind the individual, who, previous to the discovery of auscultation, as Elliotson remarks, almost prophesied the “stethoscope.” “There may be,” says he, “a possibility of discovering the internal motions and actions of bodies by the sound they make. Who knows but that, as in a watch, we may hear the beating of the balance, and the running of the wheels, and the striking of the hammer, and the grating of the teeth, and multitudes of other noises—who knows, I say, but that it may be possible to discover the motions of the internal parts of bodies, whether animal, vegetable, or mineral, by the sound they make; that one may discover the works performed in the several offices and shops of a man’s body, and may thereby discover what engine is out of order, what works are going on at several times, and be still at others, and the like? I could proceed further, but methinks I could hardly forbear to blush when I consider how the most part of men will look upon this; but yet again I have this encouragement—not to think all these things utterly impossible, though never so much derided by the generality of men and never so seemingly mad, foolish and fantastic; and that as the thinking them impossible cannot much improve my knowledge, so the believing them possible may perhaps be an occasion for taking notice of such things as another would pass by, without regard, as useless.” While invariable accuracy will not probably be ever attained in the diagnosis of diseases of the chest, for this, if for no other reason, “that to err is human,” the celebrated Andral remarks, that the diagnosis of a great number of thoracic affections may frequently be established with as much accuracy as that of the least complicated luxation of the simplest fracture;

and of so much importance does Watson consider this means of diagnosis in pneumonia, that he says of *this disease*, it is especially true, we ascertain its extent, its situation, and every step of its progress, by means of the ear. That there is incredulity and want of appreciation of this subject upon the part of large numbers of the profession, I presume no one will deny. I hope it is not so in this society.

What manifestations of disease do we then detect by means of the ear in pneumonia? From the first, then, there is impairment of natural respiratory murmur, as ascertained by either the mediate or immediate application of the ear to the parietes of the chest; there is the loss of resonance or return of sound upon striking the chest at the part affected; there is crepitation, or what is termed the crepitous rale, heard at the spot in the early stage; but if the expectoration become free, this disappears and is replaced by loud mucous rattle. When the lung becomes impervious and solidified, as it will do if the disease is not arrested, there is of course an entire *cessation* of respiratory murmur, little or no rale of any description, the air entering but slightly, if at all, into the diseased portion of the lung; and when the patient speaks, resonance exaggerated, constituting bronchial voice or bronchophony; much vibration is also felt at the same time; and along with these, you will generally find in the portion of the lung unaffected a more intense vesicular murmur than in the healthy condition; at the same time, with the preservation of its soft and distinct character, this state of respiration is denominated *puerile* or strong, from its resemblance to the breathing of children, and is the result of an effort upon the part of the healthy portion of the lung to make up for the want of activity in the affected part. And now, as has been remarked, we have arrived at a period of painful and anxious interest in pneumonia. We cannot tell whether the lung will revert gradually to its healthy state, or whether it is passing into the third stage, that of purulent infiltration; and it is not thought, by the highest authorities, that we can trace its progress farther with any certainty by auscultation, unless perhaps where the structure of the lung breaks down, and a portion of it is expectorated, thereby leaving a vacant spot to which the air finds its way; in which event we would hear large gurgling crepitation. It seems to be established by the highest authorities, that regular circumscribed abscess of the lung, as the result of acute inflammation, is an exceedingly rare event. I have believed that I had met

with one case of that character, in which there was a large discharge of pus, from which the patient finally recovered perfectly. That is still my impression, though it occurred in the commencement of my practice, and at a time when my diagnosis was, I know, very defective.

In relation to the prognosis of this disease, it may be, I think, considered favorable where it occurs in young and robust subjects, and where the disease is confined to one lung and only a portion of that is affected, and especially where expectoration comes on early and is free. In advanced age and infancy, on the other hand, it is confessedly *unfavorable*; also where a large portion of the lung is inflamed, much more if the pneumonia be double, (affecting both lungs,) if dyspnoea be great, if the expectoration is difficult, very thin, serous, frothy, fetid, or be suddenly suppressed, it is highly dangerous. The return of crepitous rale and respiratory murmur betoken improvement; so also a florid change in the lip and cheek, showing that the blood is being better arterialized.

Though my own observation has not been sufficiently accurate to enable me to speak numerically as to the points where pneumonia is most frequently found, Andral, than whom we could scarcely adduce higher authority, says: "Pneumonia is much more frequent in the right side than the left, and the lower lobes are more liable to inflammation than the upper. Out of 151 pneumonias observed at La Charite, 90 affected the right lung, 38 the left, 17 existed simultaneously on both sides; the seat of the other 6 was not known. Out of 59 pneumonias recorded in the works of Morgagni, Stoll, De Haren, Pinel and Broussais, 31 were observed on the right, 20 on the left, and 8 on both sides at once: thus, on the entire number, out of 210 pneumonias, we found 121 on the right, 58 on the left, 25 double or affecting both lungs, and 6 whose seat could not be determined." Out of 88 cases of pneumonia, he found inflammation of the lower lobe 47 times, that of the upper 30 times, and the entire lung inflamed 11 times. These are facts which my general impressions, obtained from my own experience, confirm. Pneumonia in children under 6 years old, presents some remarkable peculiarities, constituting what is designated by authors as "lobular pneumonia," isolated lobules of the lungs being alone affected. Andral says that pneumonia, considered with reference to its seat, present a variety which it is important to notice on account of the obscurity which its diagnosis often presents. In this variety the in-

flammation often occupies a greater or less extent of the lung continuously, but is dispersed over a number of isolated points, separated from each other by perfectly healthy tissue. These partial pneumonias are found indifferently in all parts of the lung. Dr. Gerhard states, that this form of the disease is usually the sequelæ of some other affection, as bronchitis, the eruptive fevers, &c. ; that it almost always exists upon both sides; that the duration of the disease is much more indefinite than in adults; and in consequence of both sides being affected, the comparative results of percussion are not to be depended on, but the degree of sound must be compared with the healthy standard; also, instead of crepitous rale, there is commonly a subcrepitous rale, with large bubbles, and sometimes no rale is present. The bronchial respiration is short, rough, blowing, and without vascular murmur. Meigs, in his work on the diseases of children, states, that out of 203 autopsies of this form of pneumonia, made by Rilliet & Burthez, the inflammation was confined to one lung only in 5. He says also, that it is not uncommon to meet with abscesses as an accompaniment of lobular inflammation. The authors referred to found them in 26 out of 203, and Dr. West in 2 out of 11 autopsies. They are rare, however, according to M. Bichat, under the age of 2 years. The physical signs of pneumonia in children are confessedly less reliable than in adults. Still, no doubt much valuable information may be obtained in this way; and where our means of diagnosis are necessarily limited, as in such our cases, we should the more diligently cultivate every means within reach. Dr. West states, that pneumonia is often overlooked in teething children, in whom the cough is called a tooth cough, whilst the diarrhoea, which frequently occurs and becomes the prominent symptom, is supposed to depend upon dentition, and is alone attended to. The diarrhoea is obstinate; and when at last the cough attracts attention, it is ascribed to phthisis, and the physician is astonished to find at the autopsy purulent infiltration of the lungs, but no tubercles and no disease of the intestines. The diagnosis is to be correctly made under such circumstances only by careful physical examination.

I shall now introduce to your notice another form of pneumonia, which it seems proper to embrace in the subject we are considering, with which, however, it has not been my fortune to meet, and shall, therefore, rely entirely upon others for its description. We hear of typhoid pneumonia in various sections of our country at various

times. Whether it has ever visited this immediate section as an epidemic, I do not know. I have been informed by my friend, Dr. Walter Somerville, that he had a disease in his own family some years since which he termed typhoid pneumonia, an account of which, at my request, he promised me, but which I have not received. One thing is beyond question, that it is a term loosely applied by the mass of the profession. Dr. Dickson says the form of fever, which he treats of under the appellation of typhoid pneumonia, was noticed first in Massachusetts in 1806, whence it spread northward into Canada, and southward until it reached the State of Georgia. It appeared in Philadelphia in 1813, Charleston in 1814, and underwent, in its course, numerous modifications, from varying circumstances of locality and predisposition. Among common people it was known as the "cold plague and spotted fever." Dickson arranges it as a distinct disease. Some contend, however, that it is a revival of the ancient "*febris petechialis*:" others, that it is a mere typhoid form of influenza. Dr. Condie says, that a state of congestion or of inflammation, more or less intense, of the lungs, accompanied by that impairment of the sensorial powers and morbid condition of the circulation and organism generally which characterize the more grave forms of typhus fever, has repeatedly prevailed in different portions of the United States as an epidemic, often of wide extent, and in its earlier visitations producing an amount of mortality truly appalling. He says this disease, as it prevails in the United States, is very similar in character to, and is probably the same affection as, that described by Sydenham, Huxham, and others of the older writers, as "*peripneumonia notha*," and that Sauvages has very accurately portrayed the disease under the denomination of *peripneumonia typhoides*. Dr. Stokes speaks of typhoid pneumonia as not uncommon in Ireland; and Dr. Burne, of the Westminster hospital, describes the disease as a spotted adynamatic or typhous fever combined with a latent or dangerous pneumonia, and exhibiting on the surface a very regular and uniform spotted eruption; and Condie thinks this is evidently the same disease as the typhous or typhoid pneumonia of this country, which at first presented the *eruption* upon the skin, which gave it the designation of spotted fever, but which disappeared in a short time as a distinctive mark of the disease, and soon ceased to attract attention. As I have before remarked, I have never met with a case of disease which I have diagnosed as positively as the one under consideration, but am very

much inclined to believe that some of my cases of typhoid fever, so called, attended with pneumonia, would have been more properly designated typhoid pneumonia; and presume that it is a position from which this society will not dissent, that in a great many of the cases of disease embraced under the *comprehensive title* of typhoid fever, we have an affection of the lungs as the most prominent local derangement or lesion, and that to which may most clearly be traced the death of the patient. I am afraid that in our region we have become so much accustomed of late to looking at disease through a typhoid fever medium, that we have been led into errors of diagnosis, and consequently into improper applications of principles in the treatment of disease. I am afraid that we have been (as from the circumstances we were extremely liable to be) led to overlook, or at least to under-estimate, *other lesions* than those of the intestines, which should most properly have given the designation to the disease; and if this be true, as I am inclined to believe, it is not a question of so little importance as to be confined alone to names; for certainly it makes a very great difference, whether, when we come to treat a case of disease, the lungs have been primarily affected, (latent though that affection may be,) or whether they have become secondarily affected during the course of a fever. Be this as it may, Dr. Condie says that in some *irregular* forms of the disease the *symptoms* of the thoracic affections are often very slight, or they may be entirely absent. There is usually, however, some sense of tightness about the chest, some difficulty of respiration, and a slight occasional cough, with or without expectoration; and we have the high testimony of Dr. Stokes, that the physical signs of pneumonia may frequently be detected in cases unattended with dyspnoea, pain, cough, or expectoration. In the regular form of the disease, however, the symptoms seem to be sufficiently well marked. According to Prof. Dickson, the most common form throughout our country is that in which the tokens of pulmonary inflammation are prominent. It is ushered in by a chill, succeeded by pains in the head and chest of great severity; the skin becomes hot and dry; the pulse frequent, small, and irregular in force; the respiration catching or hurried and embarrassed, with teasing cough. There is great muscular prostration, with shifting pains in the back and limbs; the tongue is clean and fiery red; a degree of delirium exists, often from the first, sinking soon into a low muttering condition. On the third or fourth day the tongue becomes coated with dark crust and drier; the

teeth and lips are covered with sordes ; the pulse grows weak and undulatory. From a sleepless state the patient falls into heavy slumbers or is comatose ; the breathing is more and more difficult, and death follows : or about the 8th, 9th or 10th day, the expectoration becomes free ; the anxiety less ; delirium subsides ; the pulse rises, becoming fuller and slower ; a soft, warm moisture bedews the surface, and he recovers. The anginose cases, or those in which the throat was affected, were not unfrequent in the middle States bordering upon the Atlantic. There was in these a slight soreness of the throat, with ordinary catarrhal symptoms ; on a sudden, respiration became much impeded and great prostration took place ; the fauces and tonsils were of a dark mahogany hue. The proportional mortality in this form was very great, the patient in a short time irrecoverably sinking. The *lethargic* cases described by the Massachusetts physicians as occurring among females, were attended with universal deadly coldness. The skin was as white as polished marble, and smooth ; countenance perfectly placid ; pulse imperceptible at the wrist ; action of the heart scarcely to be felt ; respiration only by gasping, and that not frequent. Sudden deaths under anomalous and inexplicable circumstances occasionally took place during the epidemic prevalence of the disease. Men died in the field, being seized when at work, and sinking before they could be carried home. Others again seemed to be taken off by the most inadequate causes, dying, as the phrase was, of a pain in the foot, or ankle, or knee, or wrist. It was justly, and indeed of necessity, in its first appearance and early progress above alluded to, ascribed to a peculiar epidemic constitution of the air, the modes of excitement being precisely those which give rise to attacks of, and predisposition to typhus, as low, bad diet, fatigue, long exposure to cold and damp, bad air, &c. The thoracic viscera presented unequivocal marks of inflammation ; flakes of lymph were sometimes found attached to the surface of the heart ; the lungs were frequently hepatized ; the brain and its membrane showed similar determination and engorgement.

(To be continued.)

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE.

ART. I.—PATHOLOGY AND PRACTICE OF MEDICINE.—*Clinical Lectures on Laryngeal and Throat Affections, delivered at King's College Hospital.* By ROBERT B. TODD, M. D. F. R. S., Physician to the Hospital.

GENTLEMEN: You have lately had the opportunity of observing two cases, one of the disease of the larynx, the other an affection of the mucous membrane of the fauces, which will enable me to bring these subjects under your notice to-day.

Let me first remark, with respect to laryngeal diseases in general, whether it be acute or chronic, that it is very much influenced by diathesis, both in its origin and duration. This is very manifest in the case of the strumous as well as the gouty diathesis. Persons of either of these forms of constitution, when once they have been attacked with laryngeal inflammation, find it very difficult, sometimes, indeed, impossible, to shake off the disease.

One of the most formidable of the acute affections of the larynx, happily less frequently met with now than formerly, is the inflammatory or membranous croup—a disease which is characterized by the rapid formation of a layer of coagulable lymph, forming a false membrane, that moulds itself to the interior of the larynx, and will extend down to the trachea, whence it is sometimes called “cynanche trachealis,” even into the bronchial tubes. The pathology of this disease is not as yet by any means settled; but it may, I think, be said, that the true membranous croup is, of all laryngeal diseases, the least associated with peculiarity of diathesis. Why it is in so marked a manner a disease of childhood, has received no explanation. We have in adult life a disease somewhat analogous to it, although affecting the pharyngeal rather than the laryngeal membrane. I mean that disease which is accompanied by a membranous exudation on the mucous membrane of the velum and back of the pha-

rynx, which the French have designated *diphtherite*—a malady in close alliance with erysipelas. Can it be that the cause and the pathology of diphtherite and of croup are alike? This subject is one which demands careful investigation, and the more so, as the results of our ordinary means of treating croup are far from being satisfactory.

One of the most common forms of laryngeal disease is that which is connected with the strumous or tubercular diathesis—this is also known as laryngeal phthisis—it is usually associated with tubercular deposits in the lungs. That form of cachexia which is induced by the syphilitic poison, will also often give rise to laryngeal disease, generally chronic, but sometimes exhibiting very acute and urgent symptoms. These two forms of chronic laryngeal disease may be confounded the one with the other.

Erysipelas may affect the larynx, and give rise to the most serious consequences. It is well known that the erysipelatous poison is very prone to attack the mucous membrane of the fauces. From that the erysipelas may spread either forwards through the nostrils to the face and head, or backwards and downwards to the larynx. Erysipelas of the larynx is apt to induce a rapidly cedematous condition of the submucous areolar tissue, giving rise to that fearful malady, acute cedema of the glottis, by which the chink, so important to life, is very quickly encroached upon, and the difficulties of a severe and rapid dyspnœa, superadded to the depressing influence of the erysipelatous poison, speedily destroy life.

To these affections I may add an inflammatory condition of a chronic form, not destructive to life, nor to the tissues of the larynx. It is a chronic inflammation of the mucous membrane, very often described as a relaxed condition, with considerable enlargement of the mucous follicles. This affection is often connected with the lythic or gouty diathesis, and it likewise frequently occurs in debilitated states of the system from various causes. It is sometimes associated with a peculiar state of the nervous system, a form of hypochondriasis. That condition of throat which is so apt to occur in clergymen of this kind.

I shall illustrate to-day the tubercular affection of the larynx, and that relaxed condition of its mucous membrane to which I have last referred.

The first case which I shall bring under your notice affords a good example of disease of the larynx occurring in the tubercular diathesis.

The subject of this affection was a girl of the name of Reynolds, in Lonsdale Ward, (Vol. xxxiv., p. 180 ;) she was 18 years of age, and of delicate health. The history of her case afforded abundant evidence of the existence of phthisis in her family, as she had lost her mother and one sister of this disease.

The affection from which she was suffering has been badly named "laryngeal phthisis," because the name would lead you to suppose that the disease was limited to the larynx ; whereas, I believe, it never occurs without the presence of tubercles in the lungs, either in the crude or softened state. In some cases, the laryngeal symptoms are the first to manifest themselves. A patient having indications of a phthisical tendency, is found on inquiry, before any symptoms of tubercles had manifested themselves, to have been subject of frequent slight affections of the larynx, accompanied by hoarseness and cough, and attributed to exposure to changes of temperature.

In other cases, the symptoms of phthises develop themselves before the laryngeal symptoms commence. In the present instance, however, the affection of the larynx appeared first ; and upon superficial examination at an early period, the disease might have been viewed as one of laryngitis simply.

The patient told us that, in November last, soon after exposure to the wet and cold, she became troubled with a feeling of soreness about the throat, which was followed with hoarseness and loss of voice, and, at the same time, she became affected with a dry, suffocating cough, accompanied by severe pain in the region of the larynx.

Pain referred to the larynx is one of the most constant symptoms of the disease, and will rarely be found entirely absent. Usually the pain causes great distress to the patient. The affection of voice varies according to the seat of the disease. If the epiglottis and adjacent folds of membrane only are involved, the voice will probably not suffer much ; but if the inflammation extend downwards, the affection of the voice will vary in severity according to the extent to which the ventricles of the larynx or the vocal cords are involved.

A symptom soon appeared in our patient which must always be regarded in a serious light ; she became subject to difficulty of deglutition. The report says that she was quite unable to swallow any solid food, and even the passage of liquids produced con-

siderable pain, accompanied by a choaking sensation, and that the food was frequently forcibly ejected from the mouth in the effort at deglutition, and that much of it passed through the posterior nostrils.

Now, you may naturally ask, what has the larynx to do with deglutition; it is true that, in swallowing, provision is made to protect the glottis, but how can disease of the larynx create dysphagia? A very little consideration of the close connexion existing between the pharynx and the larynx, and also of the intimate relations of the nerves which supply both, will furnish the solution of this problem.

You know that the rima glottidis lies immediately behind and beneath the root of the tongue, and that the epiglottis stands up between both, and seems to protect and overhang the glottis. In deglutition, the root of the tongue and the rima glottidis are forcibly compressed together, and the epiglottis, lying between them, also suffers compression, and is made thereby to cover the whole chink of the glottis. This is the mechanism by which, in deglutition, food is prevented passing into the larynx; this close apposition of the root of the tongue to the rima glottidis, serves to close the latter aperture completely, provided the epiglottis retain its normal flexible and elastic state. But if the epiglottis be swollen or thickened, and rigid, or even simply highly sensitive and irritable, as from ulcers on its surface, then, by its intervention, that perfect apposition of the root of the tongue to the glottis is prevented, on which perfect closure of the glottis, and, consequently, perfect deglutition, depend.

The epiglottis may be removed, as in Majendi's experiments and observations; and, provided no material injury have been done to the neighboring textures, the apposition to which I allude may be effected and the glottis protected. But it rarely happens, after chronic destructive disease of the epiglottis, that the neighboring textures have so far escaped as to allow full play to the lingual and pharyngeal muscles, so that they may perform freely, and without impediment, the actions necessary for deglutition.

Disease of the larynx, then, gives rise to difficulty of deglutition, when the epiglottis, or the arytaeno-epiglottidian folds of mucous membrane, but especially the former, are involved in the disease. And the degree of dysphagia is greatest when the epiglottis is swollen or so irritable that the actions necessary for deglutition are im-

peded through a mechanical obstacle, or through extreme sensibility of the surface of the mucous membrane.

The nature of the dysphagia, in cases of this kind, deserves your attention. It is not only often extremely painful, and the actual effort of swallowing difficult, but the whole act of deglutition is so deranged, that the usual safeguards to the larynx below, and to the nares above, are greatly interfered with. Hence, in many instances, and especially when the epiglottis is rigid and swollen, the attempt to swallow is followed by great irritation of the glottis and by a powerful expiratory effort, by which the food or fluid is forcibly ejected upwards, partly through the mouth, and partly, and most painfully, through the posterior nares. This kind of inversion of the act of deglutition, when it frequently occurs, and is associated with other signs of laryngeal disease, is always an indication of a diseased state of the epiglottis. This feature, then, of difficult deglutition necessarily directed our attention very much to the state of the larynx in our patient.

But to proceed with the history of the case. Since the commencement of her attack, she had lost flesh considerably, and had been troubled with perspirations at night. She has frequently suffered from pain between her shoulders, and her breath has been gradually becoming more and more short. She never spat blood. As winter came on the pain returned; she lost her voice, so that she was only able to speak in a whisper, and her breathing became stridulous,—a symptom distinctly pointing to the larynx either as primarily or secondarily diseased. This symptom never disappeared; and while she was in the hospital, the noise of her breathing was so loud and peculiar, that, upon coming into the ward, your attention could not fail to be arrested by it. At the same time she suffered from a troublesome hacking cough, accompanied with the expectoration of a greenish muco-purulent matter; her deglutition became worse, and she was unable to swallow even very small quantities of liquids or solids without considerable difficulty and pain.

The first question which proposed itself for our consideration, was whether the laryngeal symptoms arose from the occurrence of certain morbid changes in the larynx itself,—in fact, were dependent upon disease of the larynx itself,—or whether they were caused by the pressure of some intrathoracic tumor on the left recurrent nerve. That pressure on the recurrent is quite sufficient to give rise to such symptoms, has been abundantly proved by cases of thoracic

aneurism. The aneurisms which usually produce such pressure are small, globular dilatations of the vessel, occurring about the bifurcation of the trachea.

Some years ago, I recollect meeting with a case of this kind which exhibited all the more prominent symptoms of chronic laryngitis. The patient was brought into the ward just as I was leaving it after my visit, and I had no opportunity of making a sufficiently minute examination of her at that time. There were great emaciation, stridulous breathing, dyspnœa, with chronic cough, hoarseness, and pain referred to the larynx. Unfortunately, the patient died soon after her admission, and probably in consequence of exhaustion brought on by moving her. At the *post-mortem* examination, we found an aneurism situated just at the bifurcation of the trachea, and pressing on the left recurrent nerve so forcibly as to cause complete obliteration of the nerve tubercles; hence there was complete paralysis of the muscles of the larynx supplied by the nerve of this side, and they were found small, ill-nourished, and shrivelled.

Some months ago we had a remarkable case in Rose Ward, as to the precise nature of which we had some doubt. The man suffered from symptoms clearly referable to the trachea and larynx. He was troubled with violent irritative cough, and the expectoration was tinged with blood; but the voice was slightly affected, and the breathing was not stridulous. The diagnosis lay between ulcerative disease of the trachea and the existence of a small aneurism pressing on the recurrent nerve. The patient died suddenly by a hæmorrhage; and a little above the bifurcation of the trachea we found a small perforating ulcer, which had incidentally been caused by the pressure of an aneurism of the arch of the aorta against the trachea.

How, then, are we to make the diagnosis between actual laryngeal disease and that deranged state of the larynx which simulates inherent diseases of the organ, but which really depends upon the existence of an irritating or paralysing cause at a distance from the larynx?

To determine affirmatively the existence of inherent disease of the larynx, you must not trust solely to the symptoms. Those symptoms you will find to be impaired voice, breathing difficult and stridulous, and the dyspnœa, although constant within certain limits, yet becoming much exacerbated from time to time, pain referred to the larynx, and more or less difficulty of swallowing. Now, all of these

symptoms may be caused by a pressure of an aneurism or other intrathoracic tumor on the recurrent nerve.

You must add, therefore, to the examination of symptoms, inspection with the finger, which alone will often enable you to decide. With the forefinger of the right hand you will generally be able to reach the epiglottis with great ease, and you may often feel its laryngeal surface; the finger may be passed along the arytaeno-epiglottidian folds, and any thickened or roughened state of the mucous membrane covering these parts can be readily felt. When the epiglottis is much thickened, you will find it more or less rigid, with edges rounded, or it may be so swollen as to appear like a small globular tumor between the tongue and the larynx. If the mucous membrane covering the epiglottis be diseased, the surface will feel uneven or rough, or it may be followed out into small depressions, with irregular and perhaps callous edges. Generally, when the mucous membrane of the larynx is affected with chronic inflammation, that of the fauces is often found to sympathize with it; hence upon looking into the mouth, you will often notice an injected state of the mucous membrane covering the back of the mouth and throat. When ulcers exist in the larynx there will usually be found a certain amount of purulent expectoration, which may in part, however, come from the lungs, if, as usually happens in cases of laryngeal phthisis, these organs are also affected with tubercular deposit. On the other hand, if the lungs be found perfectly healthy, it may be inferred that all the secretion is derived from ulcers in the larynx, which is the case in syphilitic ulceration uncomplicated with other disease. In tubercular disease, expectoration is only met with in cases where the tubercles are being softened or broken down. In the crude state, before the tubercular deposit has undergone disintegration, there is no expectoration whatever from the lungs.

If the laryngeal symptoms are caused by an intra-thoracic tumor, there can be no difficulty in the diagnosis when there is a bulging or prominence to be found in any part of the chest; but if the tumor be small, and situated near the bifurcation of the trachea, considerable difficulty will often be experienced before any conclusion can be arrived at, and in such cases the diagnosis will rest in a great degree upon negative evidence. The absence of pain referred to the larynx, and the absence of purulent secretion, will to a certain extent direct the attention to the interior of the thorax for an explanation. The degree and kind of dysphagia will sometimes help you.

Generally speaking, the dysphagia is not nearly so great nor so prominent a symptom where there is intrathoracic tumor, as in cases of laryngeal disease ; and it differs also in kind. In the latter, the dysphagia is evidently obstructive, so to speak, and the food is apt to go the wrong way ; it sputters back into the mouth and into the posterior nares ; but in the tumor cases there is a feebleness and difficulty in using the pharyngeal muscles, while the passage is quite free and unobstructed.

The respiratory movements in aneurismal cases are more hurried and otherwise impaired than when the larynx only is affected, although air passes freely into the lungs, or the greater part of them. In laryngeal cases the respiratory affection depends upon the amount of obstruction which exists to the passage of air into the lungs, the diminution of the size of the glottis ; and, in these cases, the dyspnoea arises from the want of air. In these laryngeal cases, auscultation indicates feebleness of breathing and faintness of respiratory murmur, which are uniform if there be no localised tubercular deposit. In intra-thoracic tumor you may have general-ronchus, accompanying a paroxysm of dyspnoea ; or, if the tumor press on one bronchus more than another, the ronchus will be greatest on that side, or the sounds of breathing most feeble ; it will be plain that less air gets into that lung than into its fellow. In the present case we had no difficulty in coming to a conclusion, the tubercular diathesis being well marked both in the patient's history, and also by the presence of physical signs ; moreover, the patient's age was against the presence of aneurism, and this is a point which will often prove of valuable assistance to you in pronouncing an opinion, for aneurism very seldom occurs before the age of thirty.

In our patient, it was a question at first whether the disease of the larynx was syphilitic or tubercular. There was no history of syphilis to be obtained from the girl herself, but this, as you may easily conceive, could not be considered as conclusive against the syphilitic origin of the malady. There were, however, no other marks or symptoms of syphilis. However, there could be no doubt about the existence of tubercles. Phthisis was traced in her family history, and the upper part of the left side of the chest yielded a dull sound to percussion, both in front and behind. The breathing in this situation, although very feeble, was distinctly tubular, and there was, so far as the sign could be depended on in a case where voice was at a minimum, increased resonance of voice. On the right side,

in the situation of the apex of the lung, there was ronchus and some crepitation.

From all these symptoms and signs we set the case down as one of tubercular disease of the lungs, in which there was a chronic thickening of the mucous membrane of the larynx and epiglottis, and probably ulceration in or near the ventricles of the larynx, impeding the movements of the chordæ vocales. Although in laryngeal cases the precise seat of the disease may most generally be accurately assigned, we cannot always predicate the particular nature of the affection, which may sometimes be merely thickening, and sometimes ulceration of the mucous membrane. I know of no definite sign which will enable us to diagnose with certainty the presence of ulceration, but it exists in a large number of cases of laryngeal disease connected with pulmonary phthisis, and, if there be blood and pus in the sputa, it will probably be always found. In tubercular ulceration, the ulcers appear to be formed by the irritation and inflammation consequent upon the deposit of tubercular matter in the follicles of the mucous membrane. At the same time, Louis holds that laryngeal and tracheal ulcerations may be caused simply by the irritation produced by the contact of the tubercular matter expectorated from the lungs, and I have more than once observed a fact which certainly seems to bear out this explanation. I have found crude tubercles in one lung, and softened tubercles in the opposite lung; the bronchus connected with the lung in which the tubercles were softened, exhibited an ulcerated state of the mucous membrane, while the bronchus of the opposite side was entirely free from them, which, no doubt, might be attributed to the passage of sputa along the one, and not along the other.

In our patient we inferred the existence of crude tubercles in the left lung, but we thought that in the apex of the right lung softening of tubercles had taken place, and that possibly a small cavity might have been formed. I thought that in this case the larynx was very likely affected with aphthous ulcerations, in their nature very similar to those aphthous ulcers which are so common on the tongue and fauces. The mucous membrane of the epiglottis felt as if it were considerably thickened, and no doubt the same condition prevailed in that covering the lips of the glottis, so that the chink became in this way much narrowed, and a considerable impediment was offered to the free entrance of free air into the lungs. On the epiglottis I thought I could detect a number of small ulcerations,

particularly on its laryngeal surface. Such ulcerations would readily increase the difficulty of deglutition and the pain which the girl suffered when anything passed over the epiglottis. The mucous membrane was so irritable, that when the patient attempted to swallow liquids, a great quantity was often ejected through the posterior nares.

The symptoms did not vary much in the further course of the case. Treatment, as you would expect, was of very little use, and all that we attempted to do was to uphold the strength with nourishing food, and to relieve the distressing pain and irritability of the throat, which prevented her from sleeping, by giving small doses of opium at night.

Occasionally, to relieve the extreme irritability of the larynx, a sponge, tied on a probang, and soaked in a strong solution of nitrate of silver, was passed down to the larynx, so as to apply the solution well to the epiglottis, and to allow some of it to trickle down into the glottis. This application was always followed by considerable relief, as the patient always expressed herself as much better after each application, and her pain was relieved, although only temporarily.

The difficulty of swallowing and the dyspnoea increased in severity and the vomiting continued unabated, so that she was unable to take much nourishment. The exhaustion increased, and, on the 25th she was attacked with convulsions, from which she never rallied.

In the upper lobe of the right lung, a cavity about the size of a filbert was found, and was filled with pus. The remainder of the upper lobe, of the same lung, was infiltrated with tubercular matter. The upper lobe of the left lung contained crude tubercles, so that tubercular disease was not much advanced. We found numerous aphthous ulcerations on the mucous membrane of the ventricles and cordæ vocales, and also upon the laryngeal surface of the epiglottis, and these ulcers you may now see in the preparation. The mucous membrane covering the epiglottis and upper part of the larynx was much thickened, and the glottis very much contracted in size.

In reference to the frequency with which ulceration is met with in different parts of the air passages, Louis states, that, out of seventy-one cases, there were thirty-one in which ulcers were found in the trachea, twenty-two in which the larynx was similarly affected, and in eighteen ulcers were found upon the epiglottis.

I shall now notice another case, which is more deserving of your attention than the last, inasmuch as it is an example of a very common affection of the fauces and larynx, and one which is curable, or at least very manageable. The patient is a man named Osborne, in Sutherland Ward. His symptoms are a harsh, irritative cough, with slight mucous expectoration, in quantity not at all proportionate to the violence of the cough, and also a considerable degree of hoarseness of voice. Upon looking into his mouth you find the mucous membrane of the faucial region exhibiting a dusky red blush, and you will observe a number of red points, as of raised papillæ, which are the mucous glands of the velum and back of the pharynx, in an enlarged and swollen state. The appearance of the mucous membrane generally, was one of great laxity, and the uvula was more or less elongated. In some cases the uvula is so much increased in length that it reaches to the glottis, and excites irritative cough. The inflammation upon which this state of mucous membrane depends, never leads to the formation of pus or lymph. It may, however run into a slightly oedematous state, but this is rare; and it is not always limited to the pharynx only, but often extends to the larynx and trachea, and sometimes into one or more bronchial tubes. This kind of inflammation is very common in men of gouty diathesis, and in women of a relaxed habit who do not take proper care of their health. Such persons you will often find complaining of being very subject to attacks of hoarseness, and liable to catch cold upon the slightest exposure, and even without any apparent cause. The hoarseness will remain after the other symptoms of the cold have gone for a considerable period, in spite of various forms of treatment adopted for the cure, and it is accompanied with a troublesome cough which harrasses the patient very much. Persons laboring under such symptoms as these are often treated for bronchitis, and take large quantities of expectorant and other medicines for the relief of the cough. The seat of the irritation upon which the cough depends is thought to be in the bronchial tubes, and its real position (the fauces) is overlooked. On carefully examining a patient laboring under this affection, you will find the lungs quite sound and the bronchial tubes free from irritation. Such being the case, you next proceed to examine the fauces, and you find the swollen, red, relaxed condition of membrane which I have described. The character and constituents of the cough will help you to distinguish this affection. It is a highly irritating cough; the patient coughs with all his

might to dislodge something which irritates the fauces or the larynx and upper part of the trachea. The product of the cough is very trifling, a little saliva and mucous, or throat and nasal mucous, which in London is often mixed with sooty matter. The expectoration is in general infinitely small as compared with the vehemence of the cough. Exposure to cold air always excites and greatly aggravates the cough. The patient often complains that his cough is particularly troublesome on his first going to bed; this may be either from change of temperature from warm to cold, or it may be caused by the assumption of the horizontal position, when the uvula dropping upon the glottis may excite cough.

Cases of this kind are most rife during the cold winter months, and in the early spring, when the cold north or east winds prevail so much.

With regard to our patient, Osborne, he was a hard-working, industrious man, with somewhat of the lithic acid diathesis. Three years ago he was admitted into hospital with several small, hard tumors in the tongue, each about the size of a marble, which excited our fears as regards their malignant nature. We are not able to determine any very satisfactory history of syphilis, but they disappeared very quickly under iodide of potassium, and he got perfectly well. In the beginning of this winter however, he was attacked by cough, which he attributed to exposure to cold. He had been working hard all day in a close room, and in the evening was exposed to the cold air on his return home. This soon brought on irritative cough, which was very obstinate, and did not yield to the usual remedies. On carefully examining the chest, we found no indications of bronchial irritation, but the fauces presented the injected, swollen, relaxed condition of mucous membrane, with enlarged mucous glands, which I have already described.

I treated him with the local application of the solution of nitrate of silver (3ss. to 3j.) by means of a probang, which was thrust behind the epiglottis, down to the glottis, on the plan of Dr. Horace Green, of New York. The patient can always tell whether the sponge enters the larynx or not, from the great irritation it excites when it passes into the glottis; and in the withdrawal of it the operator feels a certain resistance, caused by the sponge being grasped by the muscles of the larynx, which resistance is not felt when it passes into the œsophagus. To pass the sponge into the larynx requires a good deal of steadiness and expertness on the part of the

operator. While I fully admit the feasibility of the operation, I nevertheless suspect that the sponge may often pass simply into the cesophagus when it is thought to enter the larynx.

The application was continued every morning for three weeks, either to the glottis, or to the neighboring mucous membrane; and partly, no doubt, from this cause, and partly from his avoiding exposure to the cold air, he left the hospital very much relieved, at the expiration of that period.

This case affords a good example of that particular form of affection of the mucous membrane of the throat and larynx which is not benefitted by the administration of any drug whatever, but which almost always is relieved by the local application of nitrate of silver, sulphate of copper, or even of simply astringent substances.

This plan of treating affections of this kind has long been familiar to practical men in this country, and was long ago practised very extensively by the late Mr. Vance, of this city. Dr. Green, of New York, had the boldness to pass the sponge into the larynx, and to show that such an operation was a less formidable one than was previously supposed. It is, however, an operation not wholly free from danger, and which is not attended with proportionately good results. I do not hesitate to state this from considerable experience of it. In the vast majority of cases, quite as good effects may be obtained from applying the solution to the neighboring mucous membrane. Pass the probang down to the glottis, and swab well about its neighborhood, and you will do as much good as if you passed the sponge into the rima glottidis; and sometimes you will do more good and cause less irritation.

For some years past I have been in the habit of applying the solid nitrate of silver to the mucous membrane of the fauces, the velum, uvula, and the pillars of the palate; and it may be brought very near to the laryngeal membrane by sliding the caustic along the posterior pillars of the palate, some way down. By this treatment you may obtain results quite as satisfactory as by pushing the probang into the glottis, and in many instances more so; and the plan is, I think, on the whole, safer and more manageable.

I have been supplied by Mr. Matthews, the surgical instrument-maker of Portugal street, with a modification of the ordinary porte-caustique, which is very useful for applying nitrate of silver to the throat. The caustic is placed in a case made of platina; this moves on a ball and socket joint, and may by that means, be fixed at any

angle. Its handle is constructed in telescope fashion, and may be drawn out to any length that can be required ; so that, by its aid, you may apply the caustic very low down.

But in the application of nitrate of silver a great deal of caution is necessary. You must take great care not to apply it too freely, else you may cause too much inflammation and ulceration. In some cases, indeed, it is impossible to avoid these consequences ; but with due care, you need never find them so much as to be troublesome, and very often they are salutary. I always make the patient use the precaution of gargling his throat very frequently with the coldest water—iced water if it can be had—for some hours after the application of the caustic ; and by this means inflammation is limited, and the parts strengthened.

If time permitted, I could tell you of numerous instances of coughs of the most troublesome kind, and of long duration, which had resisted all the ordinary cough medicines, and yielded to three or four applications of nitrate of silver.—*London Med. Times and Gaz.*

ART. II.—*History of Corsets.*

The Academy of Medicine (Seance du Janvier, 1853, Presidence de M. Berard) feeling with propriety that no subject affecting the health is below consideration, has given its attention to a report from M. Bouvier upon ladies' stays. The work is divided into two parts ; the first, now before the public, being the history of stays. The report bears especially upon stays without seams and without a mechanical busk. The learned author, who seems to have ransacked both ancient and modern history for information upon so absorbing a matter, arrives at the following conclusions :

1. The history of the dress of the principal people of antiquity, shows that the want of retentive garment, more or less constricting, round the trunk in the female, was felt in ancient as well as in modern Europe.

2. In other times, as now, women have been disposed to overdo this circular constriction, to the detriment of their health.

3. In the history of modern civilization, one sees, after the relinquishment of the ample tunic of the Roman ladies, the figure first simply surrounded in a well-fitting corsage ; then enclosed and bound in a sort of cuirass, called "*corps a'baleines* ;" and, lastly, brought

out and supported by the present corset, the last form of this special garment.

4. Although corsets, when improperly employed, may be prejudicial, yet, when well made and well adjusted, they have not the injurious effects usually ascribed to them.

5. It is an error to attribute the constriction of the lower part of the chest to the influence of stays. A constriction is normal, within certain limits, in both sexes, and subject to vary from other causes than the pressure exercised by this article of dress.

6. There is no proof that the use of corsets produces deformity of the vertebral column.

7. Not only should motives deduced from aesthetics and from the social destination of women induce the physician to permit the use of corsets, under proper restrictions, but, moreover, there are many circumstances, such as the volume of the bosom, the relaxation of the distension of the muscular wall of the abdomen, the habitual bending of the trunk, the lateral deviation of the spine, etc., which give formal indications for the employment of this sort of bandage, whether upon hygienic principles, or as an aid to cure certain lesions.

The second part of this contribution to medical literature is to be presented to the next *seance*.—*London Med. Times and Gaz.*, from *Union Medicale*.

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

The following is *apropos* to the work adverted to, which we were expected to notice. The Reviewer's remarks are pert and interesting.—*Ed. Journal*.

"GOD IN DISEASE."

BY ARIEL HUNTON, M. D.

In the twelfth number of the Reporter, 1852, page 433, under the head of Bibliographical Notices, a book by James F. Duncan, the title of which is, "God in disease," is noticed. The bare title is all

I know of it, but supposing it teaches what I frequently hear promulgated by individuals, that God is the immediate cause of our maladies, and *dissolution*, I dissent from the opinion. Physicians are the last men who ought to be bigoted, or superstitious; and when I hear a man greeted Doctor, I ought to be assured he is a man of science, the etymology being *Doceo*; he ought to be a teacher, or capable of teaching, he ought also to be a philosopher; for the whole of our science is philosophical.

If any one is disposed to aver that the *Great first cause* has created our bodies frail, that we are susceptible of disease when we expose ourselves to the causes of disease, I will admit the fact. I *have* an objection to the young or old being taught that God is directly the cause of our maladies. We are the authors of our sickness, by errors in diet, exercise, ventilation, intemperance, &c., infringement of the physical laws of our frame; any thing carried to excess is intemperance. If our disease is from hereditary predisposition, it implies a wrong in our ancestors, and these are the causes of all our ills, aside from accidents. It is averred with much truth, by late writers, that great exertions are in progress to improve our domestic animals, to the entire neglect of the human species. Let us examine our own habits, and try to improve them.

If a mechanic, in one of our cold winter days, with his shop at summer heat, steps out, minus hat and coat, while in a sensible perspiration, to see some passer by, and procrastinates his stay longer than he intended, he feels chilly, but cannot leave his friend as soon as he ought. When he returns to his shop he has a chill and fever, and peripneumony which ends his days. Has God caused this man's disease or death? It is nothing more nor less than an infringement of one of the laws of the human frame; the man *violated* this law, and suffered the penalty. Is a man in a state of intoxication at night, he will be sick the next morning; did God make him sick? In the vicinity of my residence three men have lately died of delirium tremens, after a long course of tippling and drunkenness; did those men kill themselves by infringing on one of the physical laws of their frames, or did God kill them? My *wish* is to be rational and consistent, and not adopt any sentiment except such as will stand the test of scrutiny. I request others to do the same; let us think, test, judge, have our minds open to conviction, even should it thwart some of our cherished theories; "he who never alters his mind, never corrects any of his errors." Our world is progressing;

science is onward ; investigation is the order of the day ; let the medical profession report progress, and where evidence and reason point the way, follow, and you will seldom be in the wrong path ; let the profession occupy the first rank in science, morals and integrity.

After this *Great First Cause* has made physical laws to govern our frames, which are immutable, and we implicitly obey them, we shall be afflicted with very few diseases, shall live to a good old age, and wear out like useful machines ; but if we disobey or infringe on those laws, sickness, pain and anguish will follow as a punishment. God has prepared remedies to heal all our maladies, if they are judiciously applied ; but should they be injudiciously applied, they must be inert, or do harm. And further, God has not informed us of the medical virtues of any article in the *materia medica*, but left that for our investigation ; this ought to excite us to diligence, and to exert ourselves to the utmost, to fathom His law on this subject. It will be acknowledged by every medical man, that rhubarb was made for a cathartic ; but let an illiterate, ignorant pretender, prescribe rhubarb, as an emetic, saying to the patient, I think, by the Divine blessing, this will cause you to vomit ; will he not be very liable to be disappointed ? He has not used it for the purpose God intended, and will He abrogate His laws, to conform to the caprice or ignorance of any man ; if he does, He is not immutable ! Again, a patient is afflicted with diabetes ; one of the faculty, without sufficient reflection, or investigation, prescribes nitrous æther, or nitrate of potash, to avert the flow of urine ; will not the prescriber be foiled ? The medicine will not be *blessed* to the healing of the patient, because it is not intended to produce such an effect. A patient has a catarrh, or common cold, he does not expectorate, and he is directed to take an infusion made of our most astringent vegetables ; think you that blessings will be conferred on the prescription so as to produce an expectorant effect ? This subject may be illustrated in a thousand ways, and all tend to the same result. I first seek to know the medical virtues of the article I use, and what effect it was intended to produce on the human frame ; and then investigate the nature of the disease. Then I think I can prescribe in a judicious manner, and, if in season, I shall not often be disappointed. I intend to investigate the specific virtues of my prescriptions ; the location, and etiology of the disease I am prescribing for, that I may be capable of giving a reason for my mode of practice.

While I am on this part of my subject, I may allude to the fact that clergymen are very prone, on funeral occasions, to aver to the bereft, that God has taken away their friend : whereas, it is the *disease* that kills the patient, in consequence of his disregarding, or violating the physical laws of our natures. I fear my ideas will disturb some tender mind ; but I will endeavor to write nothing but truth, and where that points the way, there I shall travel, should I be alone ; but I feel confident I shall have the thinking and reflecting for my associates. If our clergymen were to teach the structure and functions of our bodies, and the laws that govern the human frame, and the impropriety of transgressing those laws, it would be of incalculable benefit to the human family ; and more honorable than to see their names appended to patent medicines. These wholesome precepts are, however, usually disregarded.

Hyde Park, Vt., Jan., 1853.

New Jersey Reporter.

2.—TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.
Vol. V, for 1852.

This large volume containing 935 pages of solid reading matter, has just been received from the committee of publication. To those who are desirous to know something of the contents of this annual work, we would say that among other subjects we have the Prize Essay of Prof. Flint “on the variations of Pitch in percussion and respiratory sounds, and their application to Physical Diagnosis” “Reports on the blending and conversions of types in Fever ; by Samuel Henry Dickson, M. D., of S. C.” “On the action of water on lead pipes, and the diseases proceeding from it ; by Horatio Adams, M. D., of Mass.” “On the permanent cure of Reducible Hernia ; by Geo. Heyward, M. D., of Boston.” “Water—its topical uses in Surgery ; by Charles A. Pope, of St. Louis.”

The “Reports on Epidemics” are very numerous and elaborate. We find Reports on the Epidemic diseases of New England, New York, New Jersey, Pennsylvania, Maryland, Delaware, South Carolina, Florida, Georgia, Alabama, Ohio, Indiana, Michigan, Tennessee, Kentucky, Louisiana, Arkansas and Texas. There is also a full report on the medical plants of the United States, with their Local Botanical and Medical references, and a short account of their Medical properties.

“The prize essay on the variations of pitch in percussion and res-

piratory sounds," is another substantial evidence of the author's indefatigable patience in the investigation of the dry solid facts in physiological and pathological science. He first gives the key or pitch in percussion and respiratory sounds, of the tracheo bronchial and vesicular portions of the lungs in twenty-seven healthy subjects. Then follow his chemical observations upon a large number of cases over the same regions of the chest, which go to show conclusively, that the altitude of the pitch is increased in proportion to the increased solidification of the lungs, whether by inflammatory or tubercular deposit. This constitutes the first of the essay, and we think the fact is proved with sufficient clearness. Whether this fact will be made useful and practicable at the bedside of patients affected with thoracic diseases, in making out diagnosis, is another question, we apprehend not so easily answered. The "Prize Essay" is bound separately, and can be procured separately, we believe, by those who wish to examine the subject it elucidates.

Prof. Dickson's "essay on the blending and conversion of types in fever," is learned and more argumentative and theoretical in its character. We have only time to say that one of the great objects of Dr. Dickson, seems to be, to prove the plurality of the essential classes, or if we may employ the expression, the ontology of all the different recognized forms of fever—that is so say, that the entity or cause which produces typhoid, is not capable of producing typhus, any more than the virus of variola will produce intermittent fever, or that of scarlatina cholera. So ingenious, philosophical and clear are the arguments of the author on this subject, that we "are almost persuaded" we confess, to believe in his doctrines; while we *must* dissent from a few of them, we cheerfully acknowledge that the memoir is an able one, and a valuable contribution to the medical literature of our country. We should be happy to give our readers an analysis of it, and quote such portions especially, as are relevant to the warmly disputed doctrines of fever; but we are deprived by want of space, and more particularly of time. The remaining essays we cannot even notice for the same reasons. They all exhibit the impress of master minds, and will be read by members of the profession into whose hands they may fall, with profound interest and profit.

The Reports on epidemics occupy four hundred pages of the transactions, and will be interesting to those who are desirous of investigating this subject. Indeed, this is the only practical source from

which the student can draw information concerning the history and progress of epidemics in this country.

The next two hundred pages, or nearly all the balance of the work, is occupied by the Report of Dr. A. Clapp, on the Medical Botany of the United States. To most physicians this report is made up of dry details of botanical technicalities; and is uninteresting except as a matter of reference. Respecting this report we would take the liberty to say that many, if not most of the statements relative to the Medical qualities of plants, are not to be relied on. The loose manner in which observations and statements are made respecting the physiological effects of some new thing, has already burthened and nearly overwhelmed our *Materia Medica*, and made it to a great extent, a perfect *Babel*. We apprehend our systems of *Materia Medica plethorice* of inert and misrepresented remedies, stand in greater need of *evacuerants* than most of the poor patients in this bilious country to whom *evacuerants* are eminently serviceable.

In closing our few remarks, we would take occasion to express our surprise at the limited sale of the transactions of our National Association. That they contain able written Reports and Essays from the pens of our ablest men, on subjects of the highest importance, no one will deny; and yet these volumes are sold to few others than members of the Association. "This ought not so to be."

3.—THE OBSTETRIC CATECHISM. Containing two thousand three hundred and forty-seven questions and answers on Obstetrics Proper. By Joseph Warrington, M. D., 150 Illustrations, 12 mo., pp 445 Barrington & Haswell, Philadelphia, 1853.

To those who are partial to a scientific work constructed in the form of a catechism, this one commends itself. It is obstetrics displayed in answers to pertinent questions. This it is true, is a concise and generally a clear method of illustrating a subject—and perhaps with some, the plan possesses advantages—but we were never charmed with it. In the lecture room it is exceedingly proper and profitable to review a former lecture by way of questions and answers. It impresses the great points of a subject deeply upon the mind and memory, and compels the student, whose name is upon the "quiz list," to pay closer attention. But in a book, we think it otherwise, and we cannot help but look upon the questions as an unnecessary encumbrance and embarrassment to the student. Still, we speak

only for ourself, and would not influence others whose opinions are worth as much as our own. The work is written by an eminent member of our profession. One who has had a large experience in teaching and practice, and consequently competent to write authoritatively on this department of Medical Science. The author writes with spirit, and has no difficulty in making himself understood ; and we say again, that of the kind, it is a very commendable production.

4.—MANUAL OF PHYSIOLOGY. By William Senhouse Kirkes, M. D. Licentiate of the Royal College of Physicians, &c., &c. Assisted by James Paget, T. R. S., Lecturer on General Anatomy and Physiology at St. Bartholomews Hospital. Second American, from the Second London Edition, with one hundred and sixty-five Illustrations. 12 mo., pp 560. Blanchard & Lea, Philadelphia, 1853.

By common consent Carpenter has taken the *palm* in physiology. His work has eclipsed all others and stands almost alone as a text book in the Schools of America as well as of Great Britain. It would be well if it were found in every library, and read, and thoroughly studied by every physician. For certain reasons this cannot be the fact. Carpenter's Physiology has become, by repeated revisions and extensive additions, exceedingly voluminous, and withal profoundly erudite ; and consequently a more compendious and elementary work is needed by the practitioners of our country. For general use a work on this department, more simple, comprehensive, and less formidable, would be more acceptable and profitable. For this reason we think well of the book under consideration ; and, although Mr. Paget, a very eminent British physiologist, did not write the book, nor probably any portion of it, yet it passed under his eye and received his approval. We are not a critic in physiological literature, but we believe that the work is considered by the best judges authentic and correct. We commend it to our readers.

5.—GENERAL PATHOLOGY: As conducive to the establishment of Rational Principles, for the Diagnosis and Treatment of Diseases. A course of Lectures delivered at St. Thomas's Hospital, during the Summer Session of 1850. By John Simon, T. R. S., one of

the Surgical Staff of that Hospital, and Officer of Health to the City of London. 8, vo. pp 211. Blanchard & Lea, Philadelphia, 1852.

From a hasty examination, we are exceedingly well pleased with this work of Mr. Simon. It is comprehensive and yet sufficiently elaborate. The language of the author is clear, concise and couched in a most pleasing style—similar, perhaps, to that of Dr. Watson in his lectures on Pathology and Practice of Medicine, with which all are familiar. As a small specimen of his style, read the following :

“ GENTLEMEN :—In approaching the frontier of a new country, we naturally desire to possess some previous general information, as to the objects which will fall beneath our notice ; and thus you are to-day on the threshold of another study, and may reasonably expect to be informed by me of its subject matter, and limits, and relations.”

Those lectures were originally published in the London Lancet, and are now re-published by Messrs. Blanchard & Lea, who have done themselves credit and the profession a favor thereby.

- 6.—WHAT TO OBSERVE AT THE BED-SIDE AND AFTER DEATH IN MEDICAL CASES. Published under the authority of the London Society of Observation. 12 mo. pp 206. Philadelphia. Blanchard & Lea, 1853.

The object of the above work is to enable the students and physician to systematize their Chemical and Post Mortem observations, so as to make them minute, complete and useful to the world. There is great minutiae of detail in the directions given ; and from the examination we have made of the book, we believe it will become, to the thorough student, and invaluable assistant and guide.

- 7.—A SYSTEM OF PRACTICAL SURGERY. By William Fergusson, T. R. S., Professor of Surgery, Kings College, London, &c., &c. Fourth American, from the third and enlarged London Edition, with three hundred and ninety-three Illustrations. 8, vo. pp 621. Blanchard & Lea, Philadelphia, 1853.

Mr. Fergusson's work on Operation Surgery, has been proved to be one of substantial value. Being the most popular among British

Surgeons, and enjoying altogether the most extensive surgical practice, he is competent to instruct in his department.

In the first paragraph of his preface, he says : " It has been the object throughout the whole of this work to produce a Manual of the details of Practical Surgery, which shall, in some degree, meet the wishes and wants of the Students, as well as the Surgeon already engaged in practice. All hypothetical doctrines have been avoided as much as possible, and alluded to only when they have afforded palpable illustrations of certain methods of practice. The prevailing custom of interspersing surgical works with Physiology has been dispensed with as much as circumstances would permit, chiefly on the ground that the subject, besides being too comprehensive to be treated in such a manner, forms only a part of that extended education on which a scientific knowledge of Surgery can alone be based. For the same reasons, too, the sciences of Chemistry, Pharmacy, Materia Medica, and others, which are included in the curriculum of medical study, have scarcely been referred to ;—not because they are irrelevant to the Practice of Surgery, but because each, in a manner, forms a separate department of that system of instruction which belongs alike to the Physician and the Surgeon, and which every properly qualified medical man must have pursued ere he becomes a recognized practitioner."

There are now a large number of works on the principles and on the practice of Surgery. For illustrating the latter, this is probably the best extant.

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- 8.—*MANUAL OF DISEASES OF THE SKIN*, from the French of MM. Cazenave and Schedel, with notes and additions. By Thomas S. Burgess, M. D., Surgeon to the Blenheim Street Dispensary, for Diseases of the Skin, etc., etc. Second American Edition. Enlarged and corrected from the last French Edition, with additional notes. By H. D. Bulkley, M. D., Physician of the New York Hospital, &c., &c., &c. 8, vo. pp 348. New York, Samuel S. & Wm. Wood, 1852.

Dr. Bulkley, the American Editor of the above work remarks, that, " the truly practical character of the work of MM. CAZENAVE and SCHEDEL was the reason for its original selection for republication in this country from among other works on Cutaneous Diseases. The

sale of one edition, and the numerous calls for another, have justified the anticipation that it would prove acceptable to the American profession. M. Cazenave still retains the place of physician of the Hospital of St. Louis, which, with his private practice, affords him advantages for the study of this branch of pathology unsurpassed elsewhere, and gives him a deservedly high rank as authority on this subject."

There is no *text book* on diseases of the skin, now in the hands of the profession, which is so universally accepted as reliable authority, as that of Cazenave and Schedel. Its merits being already generally known and acknowledged; it is only necessary to announce the new edition above described.

For sale by J. H. Riley & Co.

PART FIFTH.

EDITORIAL AND MISCELLANY.

ENCEPHALOID KIDNEY UNACCOMPANIED BY SYMPTOMS OF RENAL DISEASE DURING THE PATIENT'S LIFE.

McARTHUR, March 5, '53.

Dr. R. L. HOWARD—Dear Sir:—My object in troubling you at this time, is to lay before you a case which came under the care of Dr. Wolf and myself, and which terminated fatally; on which we made a post mortem. The patient was a young man aged 22 years. I have not been able to obtain a very accurate history of the patient until about one year before his death; but from the best information I can get, he enjoyed good health up to the time specified. He was a large, robust, athletic man. Sometime during last summer he had an attack of intermittent fever, from which he did not finally recover. He got so he could go around, but from this time up to his death, which took place on the 21st of last February, he complained of a pain in his left side, and had frequent attacks of the intermittent. For some two or three months before his death, he discovered a swelling in his left side, projecting from under the ribs, near the regions of the spleen, which enlarged very rapidly: so much so, that at the time I saw him in company with Dr. Wolf, (which was about three weeks before his death,) the tumor filled the left hypochondriac, the epigastric, part of the right hypochon-

driac, the umbilical, the right and left lumbar, part of the hypogastric, and left iliac regions. Up to the time I saw him in company with Dr. Wolf, he had been under the care of Dr. Baird, and therefore I will not be able to give you the symptoms up to this time, except as they were given to me by the family and the patient, which were as follows, as near as I can recollect. As before remarked, he complained of a constant pain in the left side, in the region of the spleen; a loss of appetite; some constipation of the bowels, but not very great, until some eight or ten days before I saw him. So far as I recollect, there had been no pain in voiding the urine, neither was there any diminution in quantity; the urine presenting a healthy appearance. From the time the tumor made its appearance, up to the time I saw him, the symptoms had increased in a ratio with the enlargement of the tumor. When I called to see him, I found him in the following condition, viz: Tumor hard, and almost insensible to touch; so much so, he would bear a great amount of pressure without complaining; appetite almost entirely destroyed; the stomach rejecting every thing presented to it with frequent nausea; the bowels constipated, and from the best information I could get, had not been moved for many days; the tongue presented a glaucous appearance; pulse nearly natural in frequency, but weak; system very much emaciated; breathing very slightly affected; complained of extreme suffering; pain not confined to any one organ, but extending to all. As I was called in by Dr. Wolf to examine the patient, and give an opinion, I did so, and on post mortem examination I found myself mistaken in reference to the tumor, which I supposed was an enlarged spleen, Dr. Wolf agreeing with me in this opinion. I will omit the treatment, as my object in writing to you is to get your opinion in reference to the nature and origin of said tumor, for I must confess we found ourselves unable to classify it or explain its origin.

Post mortem 20 hours after death, in the presence of Drs. Wolf, Doddridge, Ray, Baird and myself. On opening the abdomen we found a tumor occupying the regions above described, pretty firmly attached in the region of the spleen and mesentery, with slight adhesions to the bowels. After removing the tumor we proceeded to examine the viscera of the abdomen. The liver was healthy, the stomach slightly diseased, some adhesions in the bowels, the spleen enlarged to twice its natural size, the right kidney larger than usual, but healthy, the left kidney and pancreas were entirely wanting—

not a trace of either could be found. We now directed our attention to the tumor, which was somewhat irregular in shape, conforming to the cavity it occupied ; its external surface being uneven and of a dark appearance ; at the lower part, where it projected into the hypogastric region, it was much darker than any other part, and had the appearance of a fungus. We now proceeded to examine its internal structure, and on opening it, we found not a trace of *blood vessels*, or *nerves*, nothing indicating organization, nor nothing in the least resembling any part of the body in its physiological state. But a soft, spongy, fungus mass, which would readily break down, so much so, on lifting it from the vessel, it fell to pieces in my hands by its own weight. The substance of the tumor was enclosed in a very thin membrane, which was easily ruptured. The tumor weighed fourteen and a half pounds. In speaking of the morbid appearance within the abdomen, I omitted to mention the fact that the bladder was found healthy, the omentum was almost entirely absorbed, and the mesentery much diseased.

Now, my dear sir, I have given you the facts in the case so far as I have been able to ascertain them ; will you be so kind as to favor me with your opinion in reference to its origin, nature, &c., for I must confess I am somewhat in the dark. Was it an enlarged pancreas ? If so, what becomes of the left kidney ? Was it an enlarged kidney ? If so, what becomes of the pancreas ? Or was it a fungus growth involving and destroying in its march these other organs ? What now remains to me dark and doubtful, your higher knowledge will unfold.

I have already informed you of my own in diagnosis ; be so kind, dear sir, to point out the symptoms by which I might have come to correct conclusions ; by so doing you will not only confer a great favor on myself, but also on those other gentlemen, for they all saw the case while he was living, and were likewise mistaken in diagnosis. Please favor me with an answer at your earliest convenience, and by so doing you will confer a great favor on your friend,

L. HOWARD.

REPLY.

COLUMBUS, O., April 14th, '53.

DR. L. HOLLAND—Very Dear Sir:—The case you refer to and describe in yours of the 5th inst., is a deeply interesting one and rare as it is interesting. I conclude without hesitation that the abdominal tumor adverted to of which the patient died, was ence-

phaloid degeneration of the left kidney; (i. e.) malignant disease of that organ. A few of my reasons for entertaining this opinion are as follows :—

1st. The origin of the tumor can be traced to no other organ than the kidney on post mortem examination.

2nd. The left kidney was found to be absent in its normal form, while the spleen was present in a comparatively healthy state.

3rd. The kidney is sometimes subject to malignant disease which takes the form of soft cancer. This disease produces an enormous enlargement of the organ, and obliterates every vestige of its natural structure. It transforms it into a medullary brain-like mass.

4th. The pancreas is sometimes congenitally absent, at others it is atrophied and obliterated by pressure. In the present instance probably one or the other fact obtained as the tumor did not make its appearance in the median line, but “in the left side.”

5th. The disease sometimes occurs and goes on to a fatal termination without evincing the slightest appreciable symptom of serious urinary disorder except so far as the mere locality of the tumor is concerned. If my authority is questioned on this point let me cite you to a case recorded in the 16th volume of the *American Journal of the Medical Sciences* by Dr. Weems of Washington, D. C. The case in most respects was almost precisely similar to your own. There was not a single symptom of urinary disease, the patient had intermittent fever, and the physicians all diagnosed and treated her for this disease and enlargement of the spleen. The post mortem examination revealed an encephaloid left kidney which weighed seven pounds. A case of similar character is related in the *London Medical Gazette* for 1831. The symptoms of renal affection were so slight and trifling that the medical attendants never suspected that it was the cause of the patient's distress.

On the 22d of June, 1852, I was called to see Mr. O., of Fayette Co., Ohio, a gentleman of great respectability, in consultation with two eminent physicians. The patient had a large tumor which occupied the whole left half of the abdominal cavity and a portion of the right, and projected far beyond the ribs in front. He had in the early period of his illness, a few times only voided bloody urine, and this was the only material symptom of renal disease from which he had ever suffered. He was being treated for diseased spleen. Plunging an exploring trocter into the most prominent portion of the tumor I drew off a few drops of pulpy brain-like matter. I diag-

nosed encephaloid degeneration of the left kidney. The patient in a few weeks sunk under the disease, and a post mortem examination, I am credibly informed, proved my diagnosis correct.

The fact is, that “ whilst encephaloid of the kidney is sometimes accompanied with sufferings the most exaceruating, at others its features are so masked as to render it utterly impossible to distinguish its true character. Very respectfully yours,

R. L. HOWARD.

Death of Professor Horner.

Dr. WILLIAM E. HORNER, Professor of Anatomy in the University of Pennsylvania, died at his residence in this city on the 13th of March last, in the 60th year of his age. His death, though somewhat sudden, was anticipated by his friends and family for some weeks; and, indeed, for many years, we believe, it had been apparent that organic disease was making slow but sure inroads on his naturally vigorous constitution.

No death, in the profession of this country, could have excited a more general sensation than that of Dr. Horner. Connected for thirty-three years with the University of Pennsylvania, as the adjunct and successor of Physick, he stood in the foremost rank among our teachers of national reputation; while he was no less widely known as the author of a *Treatise on Special Anatomy and Histology*, as a constant contributor to our periodical medical literature, and as a skilful, original, and successful surgeon.

Dr. Horner was on the 31st of June, 1793, at Warrenton, in Fauquier county, Virginia, where he received his early education. He afterwards spent some time in an Academy, at Dumfries, in Prince William county, in the same State, where he remained till his seventeenth year.

In 1810, he commenced the study of medicine with Dr. John Spence, of Dumfries, a Scotch physician and graduate of Edinburgh, who enjoyed considerable reputation as a practitioner.

In the autumn of 1812, he attended his first course of lectures in the University of Pennsylvania, and soon evinced his predilection for the study of Anatomy, being occasionally employed in assisting the Demonstrator of Anatomy in the preparation of Prof. Wistar's lecture.

On the 3d of July, 1813, he obtained a commission as Surgeon's Mate, in the Army of the United States ; and was appointed to the regiment stationed at Fort Mifflin, near Philadelphia.

In the Spring of 1814, he graduated at the University, having presented an Inaugural Essay on Gunshot Wounds. He was ordered, in the Summer of this year, to the Niagara frontier, and was actively employed at Buffalo, Niagara, and Fort Erie. Our readers are familiar with his familiar and instructive reminiscences of this campaign, published in late numbers of the *Examiner*.

After the peace, in 1815, he was stationed at Norfolk, but he soon after resigned his commission, and returned to his native town, Warrenton, Virginia, where he entered upon the practice of his profession. It was not long, however, before he decided to seek a wider sphere, and, in November of the same year, he settled permanently in Philadelphia.

Dr. Horner's advancement here was almost without a precedent in rapidity. A stranger, without interest or influence, within two years from his establishment in Philadelphia, he entered the University as Demonstrator of Anatomy, under the most distinguished of American teachers ; and three years afterwards, (in 1820,) he was appointed adjunct Professor of the same branch. In 1831, on the resignation of Dr. Physick, he was elected Professor of Anatomy in the University, and discharged the duties of this chair till within a short period of his death. From the date of his appointment to the adjunct professorship, he devoted himself to the formation of an anatomical cabinet, which has gradually become one of the most splendid and complete in the world.

As a lecturer on anatomy, Dr. Horner was distinguished for clearness, perspicuity, and simplicity of style, a thorough familiarity with his subject, which secured entirely the confidence and attention of his hearers, and a manly, unaffected delivery. As a *teacher* he had no superior, (as we can bear grateful testimony.) To oratorical talent he made no pretensions, and had no claims.

Though up to a short period of his death, Dr. Horner continued in the steady discharge of his professional and other duties, he had for many years suffered from dyspnœa, palpitation, and other symptoms, which left little doubt that he labored under cardiac disorder ; and the emaciation of his frame made it evident that it was producing serious derangement of the functions of nutrition. For some weeks preceding his death, dropsical effusion had appeared.

And, though within a day or two of his death, he was able to participate in the examination of students for degrees, yet we believe that neither himself nor his family entertained any hope that his life could be long protracted. The immediate termination was, however, somewhat unexpected.

The *post-mortem* examination confirmed the diagnosis of disease of the heart. It was found very considerably hypertrophied and enlarged, being five and a half inches from the apex to the origin of the pulmonary artery, five and three-quarter inches in diameter, and thirteen and a half inches in circumference at its base. The tricuspid and mitral valves were healthy. The arch of the aorta was dilated and thickly ossified. There was also recent peritonitis, with streaks of fresh coagulable lymph over the peritoneal surface of the intestines. Perforation of the stomach or bowels had been suspected, as the cause of the peritonitis, but no traces of this lesion were found.

Dr. Horner's death, at this comparatively early age, is a loss which the profession of our country feel severely. As an anatomist and surgeon, the worthy successor of an illustrious predecessor, his place must long be vacant. But if not full of years, he went full of honors, leaving an unstained reputation in every personal and professional relation. It is gratifying too, to know, that his labors were not without that rare professional recompense—an ample fortune, which he owed exclusively to his own exertions. No man could have closed life under more consolations; and that greatest and best of consolations, a firm Christian hope, had been long and well secured.—*Philadelphia Medical Examiner*.

BROMA AND DIETIC COCOA.—Every body in New England, of course, is quite familiar with those two excellent articles of diet for invalids, broma and dietetic cocoa, manufactured by Walter Baker, of Dorchester, Mass. Some years since, the special consideration of medical practitioners was called to these preparations, as appropriate food for the sick, in the various conditions of debility and prostration to which they are at times reduced, leaving the digestive apparatus too feeble to appropriate any but the most delicate nutriment. Medical gentlemen of eminence in this city were delighted with Mr. Baker's broma; and from that period to this, its good character has been sustained. Another set of physicians have

commenced business since that period, who may not have become familiar with the article ; and we therefor refer again to the subject, or the purpose of reminding both our young medical friends at home and those at a distance, that they will derive important advantages from the use of these admirable kinds of food. Druggists in the interior would find their account in always keeping both on hand, with a view to meeting the prescriptions of medical attendants. From our own personal experience of the value of broma particularly, we can speak decidedly in its favor. A dietetic course is not unfrequently quite as necessary as strict medication ; and in recovering from a low state, it is one of the perplexities of a general practitioner's life, to determine what may or may not be safely adopted as regimen.—*Boston Med. and Surg. Journal.*

EDITORIAL CORRESPONDENCE.

LETTER I.

DUNKIRK, N. Y., May 1st, 1853.

Engrossed as physicians are with their complex avocation and worn with its corroding cares and responsibilities, it is pleasant, is it not, to break away occasionally from the toils and constraints of a large professional practice in order to breathe the free air of heaven unannoyed by perplexing "calls." It does us good once in a year or two to "run away" and leave our home, our practice, and our patients, to the care of other doctors, and especially to a kind Providence. Like the spiral spring, when the weight is removed, our physical and mental energies react ; we lay in a stock of health and return to our duties with renewed energy and zeal, and we learn after roaming awhile among "cold shoulders" how pleasant it is to be at home among kindred and friends. Neither is our practice injured, as some suppose, by a temporary absence. True, a family or two under an attack of illness may have gone over, more or less permanently, to a competitor or quack, but the vast majority extend a hearty welcome and receive us cordially on our return. If this be not the case, we are not fitted for our calling and the sooner we are driven into another the better. But this is not all. We absent ourselves as we should do, in part at least, for professional improvement. We mingle in the society of distinguished professional men. We perhaps hear them lecture. We talk with them on medical and surgical subjects ; we soon discover their strong and weak points ;

and we profit by the former and learn almost instinctively to imitate their examples, while we see by the latter that even "great men are not always wise," and notwithstanding their reputation, there is not such an impassable gulf between them and us *small fry*, as we had supposed, and we directly take courage in the race towards the desired goal. And besides, as friction polishes steel, so by contact with men we have been led to respect and revere at a distance, we *rub off our own rust*, take the *kinks* and *angles* out of our own persons, and remove, to some extent, the awkwardness in our manners which results from diffidence and a want of familiarity with refined society, and thus by hard study and industry at home with occasional opportune excursions abroad, we are enabled, step by step, to climb the rugged acclivity before us and approximate, at least, those sunnier regions of usefulness and renown.

On our route through northern Ohio we learned from professional and other sources that a "new disease" was prevailing in Ashland, Lorain, the southern part of Huron counties and the region thereabouts, which was very grave in its character and fatal in its tendencies—most of the patients having died in a few days or hours after the attack. For the want of a better title we believe the physicians call it "Congestive fever." From the symptoms detailed we were not able to decide whether it is an aggravated form of pernicious fever, a continued fever, or an obscure form of pneumonia, or whether it is really a "new disease." At all events it seems that treatment thus far has had but little influence in arresting its progress and that consequently there is considerable consternation in regard to it. We hope some professional friend will give us an accurate history of its appearance and progress at an early date.

We arrived at Dunkirk this morning at about 4 o'clock, chilled to the very bones by a ride upon the lake shore Railroad from Cleveland. We retired to rest in the "American Hotel" and found the sheets as cold as those of St. Bernard, and after grumbling in due form, as travelers are apt and have a right to do, in company with my friend Dr. Gordon of Georgetown, Ohio, we fell asleep and awoke at 7 o'clock, refreshed, to look upon the beautiful sun and feel, as yet, quite unreconciled the chilly winds from the face of this capricious, shall we say, *hateful* old Lake. Think of the climatic change we have experienced in the last twenty-four hours. All central Ohio is laughing and leaping for joy under the vivifying influences of a genial, vernal sun—the atmosphere is laden with the

fragrance of a million trees and plants in full bloom, and the balmy breeze fans gently the fertile earth and refreshes the brow of the toil worn laborer. Here how different—there is not a bud to be seen—the grass stunted as if pale with terror, the trees look gray and dry, while the winds whistle drearily through their branches and the shivering lake with her white caps frets at the delay of summer. The fact is, the regions along the southern shore of Lake Erie are neither pleasant nor healthful during the winter and spring months. The rains here are frequent, uncertain and *catching*—and the winds are capricious and bear a chilling dampness that is any thing but *prophylactic* to those who are predisposed to pulmonary affections. Consumptions are fearfully on the increase in northern Ohio; and in western New York, having a more rigorous climate, the diseases are taking more and more the forms of continued fevers, tuberculosis, etc.

LETTER II.

TAMMANY HALL, NEW YORK, MAY 3, 1853.

To a "Buckeye," most of the route from Dunkirk to New York, by the New York and Erie Railroad, is picturesque and some of it even grand, while a great deal of the country through which the road passes is equally barren of every thing except pine, hemlock and other evergreens, which give a dark and sombre shade to the landscape. We would say to those who take a trip to New York, over this road, if they wish to enjoy the scenery, to take a seat on the north side of the car, and we would add that day-light, rather than a cloudy night without a moon, is quite essential to the development of its beauty and magnificence.

New York City is still going ahead. She is, by emigration and by her own natural increase, extending her borders and filling up even to *plethora* with every thing that "lives and moves and has a being." Philadelphia may *fret*; Baltimore may *sweat*, and Boston may *strut*; but New York, by a thousand tributaries, is destined and is even now, and finally always has been, the commercial metropolis—the London of America. When we have seen the cattle, the pork, the flour, and all kinds of produce, shipped from the west

in quantities far beyond calculation or comprehension, we have asked the question, who will consume these *hecatombs* of animals and countless loads of provisions? And now, looking on the countless multitudes of non-producing men, women and children, we ask again who will feed them? We have concluded not to *bother* our head about it; but let this omniferous city, as well as the country, take care of themselves!

The American Medical Association meets in this city at eleven o'clock this morning, and the prospect promises a large attendance. Delegates and the *magnates* of our profession are coming in from all parts of the United States, from the Aroostook to the Rio Grande, and from the Gulf of Mexico to the Lakes. It is said that the great Marshall Hall is to be present. Considerable sensation is being produced in the city by the preparations which the New York faculty have made for the entertainment of the Association.

We are credibly informed that the profession here has raised \$8,000, with which to treat their brethren from abroad. This, if true, is generous, perhaps to a fault, and is doubtless done with the best of motives. Of the effects of this sumptuous entertainment, we have some doubt. We shall watch the matter closely and keep our readers informed on the subject. To one conclusion, however, we have already arrived, and that is, if we dont all *get drunk*, we shall not get the worth of the money expended.

MAY 3d, 5 o'clock P. M. The Association opened its session at 11 o'clock. Dr. Welford, of Virginia, President of the last meeting, in the chair. We could not ascertain the number of members present; but the Bleecker Street Church was nearly full, and there must have been about five hundred. After calling over the list of old members, a committee of one from each State was appointed to nominate officers for the ensuing year. The Committee met at the house of Prof. J. M. Smith, and, after due discussion, decided to depart from the precedent of electing a President from the State wherein the existing Association held its session, as unjust and impolitic. This rule, which had grown out of custom, being laid aside, the committee nominated Dr. Jonathan Knight, of New Haven, as President, Drs. U. Parsons, Lewis Condit, Henry R. Frost, and R. L. Howard, Vice Presidents; Dr. E. L. Beadle, of New York, and Dr. Lemoine, of St. Louis, Secretaries. The Association adopted the report and elected the officers nominated by the Committee. The Committee

also recommended that the city of St. Louis be the place for the next meeting of the Association, which was also adopted.

Before leaving the chair, Dr. Welford pronounced a most able and interesting valedictory address. We had the pleasure of listening to the closing portion only. The main topic was medical education and the best plan for protecting the profession against the ingress of unqualified practitioners of medicine into its ranks. The plan is excellent, if it can be carried out. It is something like this: The Legislatures of the respective States shall organize State Medical Societies, each of which shall have a board of censors entirely unconnected with medical schools. This board of censors shall examine every candidate for the practice of medicine and surgery; and none be eligible for such examination before this board of censors, except those who had received a diploma from a respectable medical college whose curriculum was thorough and complete, and none should be permitted to practice without a pass or certificate of qualifications from the board. This, it will be seen, would guard the public against "titled *dunces*, as well as *dunces* without titles. A medical school might, by fear, favor or pity, confer a diploma upon a young man whose talents and acquirements are inexcusably deficient; but by passing a body of men who have no interest in the building up of a school, he would be exposed, and, as he should be, thrown overboard. No plan which has ever been suggested meets so completely our cordial approbation. It places a layman and a professor as door-keepers to guard the entrance to the profession; and, as the entrance of a candidate requires the consent of two men whose interests are far from identical, few would pass who have not the necessary qualifications. The system would work perfectly, and nothing is wanting but the development and organization of the idea into a law by our State Legislatures. But, alas! here is the difficulty: Those who know the inefficiency and waywardness and time-serving character of our legislative bodies, will have but little hope of carrying the plan into execution.

The election of Dr. Knight as President, was a *dampener* to a portion of the N. York profession, which had expected of course, according to precedent, that a man would be selected from this city. The New York delegation had instructed its nominating committee to present the name of Dr. Francis. Dr. Mott was also a prominent candidate; but, as there is considerable acerbity of feeling and opposi-

tion to both among the different parties and cliques, it was thought proper to confer the honor upon Dr. Knight who has for several years acted as Vice President, has always taken a deep interest in the welfare of the Association, and is, by the way, one of the best presiding officers we have ever seen. On his introduction to the chair, the new President made his acknowledgments in a most feeling and eloquent manner. After the adoption of a few rules for their government, the Association adjourned to meet at nine o'clock to-morrow morning. This evening, soirees at the houses of Gov. Fish, Dr. Isaac Wood, Prof. Parker, Dr. Cammann, and Dr. J. R. Wood.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION, SECOND DAY—
MORNING SESSION.

The following is an abstract from a Report in the N. Y. Herald:

The delegates to the Convention of the above Association met precisely at nine o'clock yesterday morning, in the Bleecker Street Presbyterian Church, pursuant to adjournment. The President, Dr. Jonathan Knight, was called to the chair, and Drs. Beadle and Lamoine (newly elected,) acted as Secretaries. Dr. Beadle read the minutes of the meeting held upon Tuesday, the 3d inst., which were approved.

Dr. F. C. Stewart, (N. Y.,) read a further report from the Committee of Arrangements.

Dr. Cox, (Maryland,) would request the Association to correct an error, or mistake, which had been made yesterday, relative to the position which Surgeons Ninian Pinkney, F. M. Bache, and S. G. Mower—United States Navy and Army—should occupy in the Convention. These gentlemen are made to appear as attending the meeting by invitation of the Committee of Arrangements. Sir, they should appear as the recognized delegates of the Naval and Army Surgeons of the United States. Dr. Pinkney has twice represented the naval body in the Convention as delegate, and without any question. As the gentleman was so admitted at Richmond, he (Dr. Cox) would move to have the record altered and the mistake rectified.

The President read the article of the constitution which refers to the delegation of members by recognized Medical Associations. His opinion was, that the Committee of Arrangements had complied with the intent of the article

Dr. Watson, (N. Y.,) made a few remarks.

Dr. F. C. Stewart, Chairman of the Committee of Arrangements, said that the committee had been perfectly willing to extend the full rights of delegates to the gentlemen of the United States Navy and Army, and so admit them. The committee could, however, be guided only by the constitution, to which they imagined they had

adhered in recording the names of the gentlemen as attending "by invitation."

The convention was about to re-affirm the original record unanimously, when

Dr. Cox, (Maryland,) said:—Sir, I would caution the Association to pause before it complies with the request of Dr. Stewart relative to the reception of the delegates from the navy. It has been received before as the delegation of a recognized body, and, sir, if we now show the "cold shoulder" to the gentlemen delegated by our army or navy, we will throw the numerous classes which they represent outside the pale of the Association. I therefore move "that Doctors Pinkney, Bache, and Mower be admitted as delegates from the United States Navy and Army, to the American Medical Association."

Surgeon Pinkney, U. S. N., said that he looked upon the article of the Association as entitling him to admission as a delegate. We are a "regularly recognized body," numbering one hundred and ten navy medical officers, and, as such, should have a proportionate number of representatives here. I claim admission on this ground, but submit the matter entirely to the sense of the meeting.

Doctor F. C. Stewart, New York.—In order to prevent any misconception regarding the action of the Committee of Arrangements, I beg to state that we were influenced solely by our reading of the constitution. With the permission of the Association, I will submit a resolution, which, if approved of, will, in my opinion, remove the difficulty. It reads as follows:

Resolved, As the sense of this Association, that under its present constitution, delegates can be received from the United States Army and Navy medical staffs, when appointed by the chiefs of the army and navy medical bureaus.

Dr. Cox having withdrawn his motion, the resolution was passed unanimously, and with acclamation.

The Secretary then read the roll of delegates who had entered their names since the meeting on Tuesday.

The lists numbered from one to six delegates.

Dr. Emerson brought up the subject of members by invitation for re-consideration.

Dr. Cox, (Maryland,) moved that the names of Dr. Borland, of Arkansas, and Dr. Hertt, (Onondaga county,) be added to the list of invited members.

The President explained to the gentleman, that members could not be invited from districts already represented by delegations.

It was ordered that the Committee of Arrangements recommend an alteration of the law in this respect.

The President stated that the next business in order was the reading of

STATED REPORTS FROM STANDING COMMITTEES.

The committees had been appointed last year, and the Secretary

would now call them in order, when the chairman of each, if present, would be good enough to come forward and read the report or a synopsis of it.

The following reports were then called :

REPORT.—On the Causes of Tubercular Disease. Dr. D. F. Con- of Pa., said that the committee was not prepared to report at the present convention meeting. They had considered the subject very attentively, and the more they did so the more a new light broke upon them, until they began to doubt the orthodoxy of many of the received opinions regarding tuberculosis, its causes, and the proper course of medical treatment to be pursued. An abundance of material was furnished—in fact, the report was almost ready ; but he had such onerous duties to perform during the year, both as Chairman of the Committee and Secretary of the Association, that it was utterly impossible that he could compile it in proper shape. He made this explanation, lest the committee should be accused of indolence upon the matter.

Dr. Atlee, (Pa.,) moved that the explanation be accepted, and the committee continued to the next session of the Association.

A delegate inquired if they would then report ?

Dr. Condie thought so, but could not make a positive promise. If he did so, and were prevented from performing it, he should feel mortified before the convention. The committee was continued.

REPORT—On Mutual Relations of Yellow and Bilious Remittent Fever; by Dr. James Jones, of New Orleans. Committee not prepared.

REPORT—On Epidemic Erysipelas; by Dr. R. S. Holmes, St. Louis, (Mo.) Dr. Holmes not present.

REPORT—On Acute and Chronic Diseases of the Neck of the Uterus; by Dr. Charles D. Meigs, Philadelphia.

Professor Meigs presented a voluminous report, which he said he did not wish that the Association should give to the newspapers, as then it would go out of the “family.” The report was received and referred to the Committee on Publication.

REPORT—On the Agency of the Refrigeration produced by the the upward Radiation of Heat as an Exciting Cause of Disease; by Dr. G. Emerson, of Philadelphia.

Dr. Emerson gave a synopsis of the report of the committee relative to their view of the theory of diseases caused by exposure to wet, damp, cold, malaria, and other agencies of this class; the different susceptibilities of the system when the body is entirely exposed to their action, or when radiation is interrupted by ever so thin a shade; the fallacy of lunar influences in exciting diseases; the extent of radiation upon clear nights; the reasons of the difference in the amount of diseases from the above causes in the city and country. The Doctor explained the tendency of the ideas of the committee, when the report itself was accepted, and referred to the Committee on Publication.

REPORT—On Typhoid Fever; by Dr. F. A. Campbell, of Augusta, (Ga.)

Dr. Campbell said he was not aware until too late an hour to do so, of the fact that a written synopsis of each report was required by the rules of the Association. If permission were granted, he would make a verbal one, and explain to the Convention the views he had taken, regarding this class of fever. The permission was granted.

Dr. Campbell—I have sir, little experience in the treatment of typhoid fever, as it rarely prevails in the district where I am located. I have therefore given a condensed history of the existing pathology regarding it, set forth by other writers, accompanied with my own opinion that the disease lies and has its origin in the ganglionic system of nerves. If you divide some of the superior branches of these nerves, there is an immediate echymosis of the eye different from the ganglionic congestion observable during typhus fever. I have called attention to the existence and causes of the maculated spots which appear upon the surface in the one variety of fever and extend through the alimentary canal in the other; and reason that the latter morbid appearances are the result of the diseased ganglionic plexus extending from the superior cervical vertebræ through the vertebral column to the ganglions of the sacrum. In referring typhoid fever to this cause, I have recorded the appearances presented in the pharyngeal plexus, the larynx, oesophagus, stomach, and duodenum, (which is separated in a great degree from the influence of the cerebro-spinal system,) and I have then pointed out the existence of ulcerations in the lower portions of the illium, and to a great extent, as a reason for my belief. I have traced the different appearances observed in typhus fever. I have examined the theory of Woods upon the deficiency of fibrin in the blood, and endeavored to show that typhus and typhoid fevers are quite distinct diseases.

The synopsis was received with loud applause, and the report referred to the Committee on Publication.

REPORT—On the Epidemics of New Jersey, Pennsylvania and Maryland; by Dr. Jno. L. Attlee, Lancaster, Pa. Dr. Attlee could not report from the want of personal practice in his district since the convention met last, and also from the fact that gentlemen residing in different sections of the States named had not sent the result of their experience to him. New Jersey was so healthy that they had no epidemics since the Richmond Convention. He found that you might as well attempt to move the iron mountain of Missouri, as endeavor to get medical men to commit their remarks to writing. There was, therefore, a lack of material. He hoped the committee would be excused. Committee excused and continued.

The late President, Doctor Welford, stated that he had received the resignation of Doctor Wm. M. Bolling, of Montgomery, Ala., as Chairman of the Committee on the Epidemics of South Carolina,

Florida, Georgia, and Alabama. Dr. Borland, who had been appointed in his place, could not have the report ready. Committee continued.

Dr. Welford—I have also received the resignation, this morning, of Doctor E. H. Barton, of New Orleans, as Chairman of the committee on the Epidemics of Mississippi, Louisiana, Texas and Arkansas. I have had no opportunity to fill up the vacancy, and therefore the committee cannot report. Vacancy to be filled and committee continued.

REPORT—On the Epidemics of Tennessee and Kentucky ; by Dr. W. L. Sutton, of Georgetown, Kentucky.

Doctor Sutton sent in his synopsis, which was read. Cholera, bilious fever, dysentery, typhus and typhoid fevers, cholera infantum and other diseases appearing in the different districts of the two States periodically, were treated under ten different heads.

Report referred to the committee on Publication.

The committee on Medical Literature will report this morning, through Doctor De La Roche.

The committee on Medical Education reported, through Dr. Pitcher, of South Carolina. The synopsis was extended and lucid, dwelling particularly upon the superiority of bed-side practice and observation over the prevalent system of entire clinical instruction. A number of suggestions were thrown out for the improvement of the preparatory course of study—particularly in classical literature—of students, the reform of the curriculae of the colleges and licensing bodies, the mode of conducting examinations, &c. The importance of a knowledge of mathematical science and geology to students was dwelt upon, as likewise the absolute necessity of a moral and intellectual training of the habits and perceptive faculties. Thus the profession would be elevated to the dignity of a science, as in the days of Hippocrates and Galen, and not descend to the level of a trade.

The report was received with loud applause, and referred to the committee on Publication.

The committee on Volunteer Communications reported, through Dr. Joseph M. Smith, of New York, upon the number of contributions received. Dr. Smith said that the committee had awarded one prize of \$100 to

Dr. Waldo J. Burnett, of Boston, Mass., for his treatise upon "The Cell; its Physiology, Pathology, and Philosophy"—adding: *Natura in minimis maxima esset.*" (Cheers.)

Another prize of \$100 had been awarded to Dr. Washington L. Attlee, of Philadelphia, for his treatise upon "The Surgical Treatment of Fibrous Tumors of the Uterus." Dr. Smith added: *Pal-mam qui meruit Ferat.*" (Cheers.)

Dr. March made a statement relative to his views of hip disease, which he said was produced in the head of the bone by upward and inward pressure, from muscular action, against the acetabulum.

Dr. March will exhibit specimens in the lecture room of the Crosby Street School, during the recess to-day.

Drs. Palmer and Buck made some remarks.

Dr. Attlee, of Pennsylvania, called the attention of the delegates to the following preamble and resolution, passed at his instance, on the 7th of May last, in the Richmond Convention :

Whereas, it is the duty of patriotism to do homage to those who have been benefactors to their country; and whereas the medical profession in the United States, heretofore not wanting in patriotic feeling or action, desire to co-operate with the other public bodies and institutions of the country, in rendering their profound reverence to the memory of him who was "first in peace, first in war, and first in the hearts of his countrymen:"

Be it therefore Resolved, That a committee of five be appointed, whose duty it shall be to solicit subscriptions from members of the American Medical Association, for the purpose of procuring a suitable stone, with an appropriate inscription, for insertion, in the name of this Association, into the National Monument to the memory of Washington, now in progress of erection at Washington city.

The resolution was reaffirmed with applause, and many subscriptions will be paid to the treasurer for the purpose.

Here the delegates took a recess until half past one o'clock in the afternoon.

AFTERNOON SESSION.

Doctor Jonathan Knight in the chair. The business of the afternoon session was commenced by the reading of a communication of Dr. Griscom, of the New York Hospital, inviting the members of the convention to visit that institution this morning, at 10 o'clock.

The Chairman of the Committee of Arrangements then being called upon to report, stated that seventy additional delegates to the convention had arrived this day, whose credentials had been examined and found to be correct.

The following gentlemen were then, upon motion of the Chairman of the Committee of Arrangements, elected members of the convention by invitation:—Dr. Robert R. Hadley, of Beyroot, Syria; Dr. James G. Cooper, of Washington Territory, U. S., and Dr. H. Williams, from Southern Illinois.

Dr. Charles A. Lee then offered the following resolutions:—

Resolved, That it be adopted as the sense of this convention, that those colleges which give two courses of lectures annually, thereby making two colleges out of one, are unworthy of the commendation of this convention.

Resolved, That no person shall be received by this association, from any medical college which gives two courses of lectures annually, each counting towards a degree.

Dr. Morgan, from Washington, moved that the above resolutions be referred to the Committee on Education, of next year.

Moved by Dr. Atlee, of Philadelphia, that the above resolutions be laid upon the table. Carried.

A resolution was then carried, tendering the thanks of this convention to Doctor Winslow, of Boston, for the distinguished services he has rendered to the medical profession.

Dr. Steven W. Williams then moved that a committee be appointed to collect memorials of the distinguished dead of our country belonging to the medical profession.

Moved, as an amendment to the foregoing, that the word "standing" be inserted before the word committee.

Mr. Hooker, of Yale College, opposed the resolution.

Dr. Morgan moved to lay it upon the table, which was carried.

The President then introduced to the audience Dr. Buck, of this city, who made a few remarks upon his paper in the hands of the convention, entitled "The surgical treatment of the morbid growths in the larynx." The doctor proceeded to give in detail the history of this disease, making a statement of the condition of a patient of his who had suffered from it, and illustrating his remarks by wax models. At the conclusion of the doctor's discourse, it was moved and adopted that the paper of Dr. Buck be referred to the publishing committee.

Dr. Mitchell here proceeded to speak of the various difficulties and grievances under which the physicians and surgeons in the navy labored, and recommended the convention to take some measures for their relief. Although they occupied an important position in that branch of the service, yet he did not think they received that consideration to which they were justly entitled. He thought the faculty were bound to protect their medical brethren in the navy. He concluded by presenting the following resolution, which was, after considerable discussion, adopted:—

Whereas, the claim of naval medical officers to defined rank, assimilated with the grades of officers of the line of the navy, has not yet been decided upon by Congress; therefore,

Resolved, That the President of this meeting appoint a committee of three, which is hereby instructed to communicate to Congress, through the presiding officer of each House, at the commencement of the next session, an expression of the interest felt by the American Medical Association of the United States for their professional brethren employed in the navy, as set forth in the resolutions unanimously adopted at several sessions of this body.

The committee appointed consisted of the President, Dr. Mitchell, and Dr. Stevens.

The following resolution was presented by Dr. Hooker, of Connecticut, and adopted unanimously:—

Resolved, That the delegates from the several States be requested to appoint committees, who shall aid the Committee of Publication in procuring subscribers, and in distributing the annual transactions of this association.

The following report was then presented:—

The undersigned, chairman of a committee of the American Medical Association to memorialize Congress in accordance with a resolution of Dr. Fulton, of Georgetown, Kentucky, to have the medical statistics of the United States census printed separately, for the use of the medical profession, respectfully reports:—

That a memorial was drawn up, and signed by the committee and the president and secretaries of the American Medical Association, and was placed in the charge of the Hon. Dr. Jones, a member of the association, and of Congress, to be presented to the House of Representatives. From information received from him, it seems, among other objections, a grave one was offered, viz:—the want of scientific arrangements, and the unreliability of the returns in general. In other words, that they were of such a character as to add little to the usefulness of the profession or the honor of the country. The undersigned, respectfully, on the present occasion, calls the attention of the members of the association to the great importance of using their best influence to induce the legislatures of their respective States to establish a registration of births, marriages and deaths; a measure of incalculable value as regards vital statistics. The experience and gradual progressive improvement in the reports in Massachusetts, clearly demonstrate that while at first they were comparatively imperfect, yet much information was obtained, and every year the reports have become more accurate and satisfactory.

THOS. Y. SIMONS, M. D., Chairman.

This report was also accepted, and the committee requested to prepare a memorial to Congress on the subject.

Dr. Peaslee, of New Hampshire, offered the following resolution, which he accompanied with a few brief and appropriate remarks:—

Resolved, That it is the duty of the faculties to refuse to admit to examination, for the degree of Doctor, all persons who intend to engage in any other than the regular practice, and to give notice of this in their annual course of lectures.

Dr. Sayre said he thought the resolution was not calculated to effect the object it had in view. The best way, in his opinion, was to withdraw the diploma after it had been given, and in the event of its being used for the advancement of quackery. In conclusion, he moved the following resolution as an amendment:—

Resolved, That a committee be appointed to memorialise the several State governments, in reference to the subject of diplomas to medical men, and to petition them, in the name of the Association, for the passage of a law granting to chartered medical colleges the privilege of retracting publicly the diplomas of any of their graduates, when, in the judgment of the medical faculty of the college or school granting such diplomas or certificates, they may have forfeited a right to the same.

Dr. Gooch moved that the whole subject be laid upon the table, to come up again before the meeting to-day. The motion was adopted, and the meeting soon after adjourned till 9 o'clock this morning.

THIRD DAY.

Doctor Smith, of New York, announced that members of the committee of Nominations were requested to meet immediately, at No. 56, Bleecker Street, the house of the Chairman of that committee.

Doctor F. Campbell Stewart, Chairman of the committee of Arrangements, read the list of States and districts from which delegates had entered their names since Wednesday.

The same gentleman said that he received a letter from the Managers of the House of Refuge, New York, conveying an invitation to delegates to visit that Institution. The letter was read.

Doctor Worthington Hooker moved that a committee of five be appointed, in accordance with the suggestion contained in the address of the late President, Dr. Welford, to take action regarding the further organization of State and county medical societies. Adopted unanimously.

Professor Zeigler submitted a preamble to a resolution which he intended to offer in connection with the subject.

The preamble set forth the necessity which existed for as complete an organization as possible of all the reputable practitioners of the State, and the resolution was a reaffirmation of its substance, for the purpose of securing organization and consolidation of action and interest.

Dr. Cash, of Troy, moved that the document be referred to the committee on State Medical Societies. Carried.

Dr. F. C. Stewart, of New York, said that it was requested that delegations which had not yet elected a member to the Nominating Committee would meet now, and select one, in order that the gentleman should take his place in that body, which was then in session.

Dr. S. N. Davis, of Chicago, Ill., then ascended the platform and read the report of the committee on Medical Literature. The learned gentleman expressed his regret at the absence, through illness, of one of the members of that committee. The report was listened to with much attention by the delegates. It was very lengthy, and was compiled with great accuracy of arrangement, as regarded the statistics, facts, and suggested remedies contained in it. The document showed that there were twenty-eight periodicals of medical instruction and literature published in the United States, which were issued at quarterly, monthly, semi-monthly, and weekly intervals. The committee had carefully examined their general contents and arrangement previous to the year 1852, and from the April of that year to the month of March, 1853, and found that a considerable improvement had taken place. They enjoyed an aggregate circulation of about sixteen thousand, and contained a large amount of information in the shape of notices of lectures, communicated medical and surgical cases, obstetrics, general hygiene, editorial matter, and reviews.

The very general use of the microscope, both in the practice of medicine and chemistry, had aided to a rapidly extended develop-

ment of pathological and philosophical observation, which was visible in the great improvement of this class of literature. The committee found great pleasure in inspecting the greater portion of the works, but were bound to say that a good deal of the medical literature issued from the press, was worthless, and perhaps injurious. The prejudiced opinions of some writers and contributors are given as facts, and couched in such general terms as to convey no information of the pathology of the cases referred to. The criticisms of the medical journals, which demands a higher order of intellectual attainments and mental probity, is very deficient. The contributions sometimes lack originality, which is in a great measure, owing to the want of extensive subscription lists, which renders it impossible for the publishers to get out the works in the style they would wish. The papers furnished from the colleges and schools in Boston, Philadelphia, New York, East Tennessee, and other places, were of a high order of talent.

(Here a review was taken of new American works, new editions of American original works, and American reprints of foreign works, of all of which a catalogue was annexed.)

Some entertained the opinion that we did not enjoy a domestic medical literature at all; but, although for so long a dependency of Great Britain, we have had an original literature from the days of Benjamin Rush to the present time. Allusion was then made to the faulty agencies which acted adversely to American medical and surgical publications. They were classed under the heads of defective preliminary education of students, the absence of a clear and definite perception of pathology and physiology, and the hasty preparations of the works for the press. The result of a careful analysis of the effects of the above causes was shown, and the committee wound up the report in a comprehensive summary showing the inevitable good that must result to the profession from an extended and well tested preliminary classical and scientific education of students, a more careful examination of graduates, a power of revocation by the colleges, of licenses improperly obtained, and an entire consolidation of the thought and action of State, district and county bodies and associations for the elevation of the medical literature of the day, and the general good of the profession.

The report was received with marked demonstrations of applause, and was, on motion, referred to the committee on Publication.

Dr. Yandell, of Kentucky, offered the following:

Resolved, That in the death of Dr. Drake the American Medical Society has lost one of its most honorable and profoundly learned members.

Resolved, That this Society will ever cherish the memory of Dr. Drake for his great virtues, and for his valuable contributions to the profession.

Moved that the vote be taken by rising; which was unanimously adopted.

It was then *Resolved*, That this Association recommend Congress to consider the propriety of passing a law compelling all importers of nostrums to state upon all compounds thus imported, their true constituencies in English.

Dr. Bond, of Boston, said: I should be very sorry to see this resolution pass. I object to it because I think it can do no good; for, if we should compel quack venders to paste upon their nostrums the names of the drugs of which they are composed, even then there would be no security against this evil, for these men could very easily put false labels upon their medicines. The public would know no more about the matter than they do now. They are totally unacquainted with the nature of drugs. They are ignorant of their action. I conceive that a quack can do as much harm then as now. I am opposed to having any thing to do with these people. (Applause.) I would consider them too low for consideration, who engage in this business, and I would not come in contact with them in any way whatsoever.

Dr. Parker, of Va.—I am as much opposed to quackery as any one in this room, and I want to put it down. The gentleman who had last spoken had affected to despise them, and was opposed to having any connection with them. But I say, if this system of quackery is an evil, it should be noticed and eradicated as much as any other. And there was no body more proper to undertake this business than this body. The plan I have proposed in the resolution before the house, I shall adhere to and defend, unless some better remedy is suggested.

Dr. Hooker, of Conn.—For the purpose of proving what Legislatures can accomplish in this business, I will relate an experiment which was tried in the State of Maine. The Legislature there did precisely what the resolution here asks, and gave the death blow to quackery in that State. Well, what did they do? Why, they connected themselves with all the moneyed interest in the country. They connected themselves with the bar, the press, and the pulpit, and at the next session of the Legislature this act was repealed.

Dr. Sayre—I am of the same opinion with Dr. Bond. I think this notice is advertising this quackery. We should take no notice of it. I shall therefore move that the resolution be laid on the table.

The question was called for and the motion lost.

Mr. Cox, of Md.—Let us treat these specimens of humanity with contempt. If we do this, we shall accomplish more than by legislation. The consideration of this subject, demeaning as it is, is dishonorable to our body.

Dr. Cock, of New York—I hope this thing will be put at rest. This advertisement is benefitting quackery.

Dr. Tweed thought that matters should not be stifled in this way. I wish this Association to recollect that yesterday they passed a vote of thanks to Dr. Winslow, of Massachusetts, because he had labored so assiduously to put down this false practice in medicine.

Dr. Bolton, of Maryland.—The only thing to be done to effect our object, is to tell the people what it is that these doctors sell. If we choose to act, we can do a good deal to put this down. Have we no interest, I would ask, in trying to destroy the importation of quack pills, &c? Are we not to petition Congress in regard to it, because, as the gentleman says, action in the matter would be an advertisement of these medicines? The only thing which sells these medicines, is the mystery with which they are surrounded. I knew a man once, by the name of Halstead, who sold a quack medicine, and so long as he kept its ingredients a secret, he succeeded well, but as soon as it was made known, the customers deserted the shop of Mr. Halstead. If we can divest it of this charm, the evil falls. Upon this subject we should petition Congress, as much as upon the subject of temperance. We should not fold our arms in the face of these evils. I hope this resolution will pass.

Dr. Richard, of Ohio.—I can present two objections to the passing of this resolution. The first is, it protects the vender of these nostrums at home. The second objection is, there is no fear from the few nostrums imported.

Dr. Jackson, of Boston.—This resolution will do, I think, the very thing which nostrum venders wish. It will connect their medicines with the medical faculty; for, if we have it stated upon authority what their compound is made of, it in a measure sanctions those nostrums.

The resolution, upon a division, was lost.

Dr. Condie, of Philadelphia, then moved the following resolution :

Resolved, That we have heard with sincere regret, of the death of our late fellow member, Dr. Isaac Parrish, of Philadelphia, who was distinguished by his early and earnest advocacy of the establishment of this Association, by his ardent interests in its proceedings, and by his valuable contributions to its published proceedings.

In connection with the above, it was also

Resolved, That the demise of Dr. Wm. E. Horner, which has occurred since the last annual session of this body, the American Medical Association has lost one of its illustrious and useful members, and the science of medicine an indefatigable student and most distinguished teacher.

Resolved, That the memory of the gifted subject of the resolution, dear as it must ever be to the lovers of medical science, will be cherished by the Association, to whose great objects and aims his best efforts were, during life, promptly and liberally contributed.

On putting the question, the above resolutions were unanimously carried.

Dr. Yandell was then introduced to the Association, who read the report "on the results of surgical operations for the relief of malignant diseases," of which committee S. D. Gross, of Louisville, Kentucky, is chairman. This paper, on motion, was referred to the Committee on Publication.

Dr. Gooch, of Virginia, then offered the following:

Resolved, That this Association earnestly recommends to all the respectable medical colleges of the United States, to administer to their graduates, previous to their receiving their diploma, some pledge that they will maintain, to the best of their abilities, the honor and dignity of the profession, and that they will forfeit their degrees whenever they desert the orthodox system of medicine.

Resolved, further, That the schools be urged not to graduate any man without requiring him to read the national code of ethics, and publicly give his consent to abide by it; and that they will reserve to themselves the right to withdraw the diploma publicly whenever the graduating pledge has been violated.

Dr. Gooch then said—I am very glad that there are schools which have already adopted this system. I hope this recommendation to the schools will pass, because in many of them the mere answering a simple question is sufficient to gain a degree, and to place a dunce upon a par with the most learned man in the country. And yet, while we practice such acts as this, we come here and talk about quackery. How can we suppose that this evil will not always exist, until we decide what is quackery and what is not? I hope this convention will take some such action as that proposed in the resolution.

Dr. John H. Philips, of N. J., then offered the following as an amendment to Dr. Gooch's resolution :

Resolved, That it is the duty of all Boards of Medical Examiners, to whom candidates may apply for examination or approval, to admit none but those who give satisfactory evidence of a good preliminary education, and that a regular course of medical practice will afterwards be pursued, and who shall subscribe to the code of ethics adopted by this Association.

After a brief discussion of this amendment, a motion to take a recess till half past one o'clock, was adopted, and the meeting adjourned.

AFTERNOON SESSION.

Assembled at half past one o'clock, P. M.—Motion to suspend the regular order of business, for the purpose of considering the amendments to the constitution, was lost. The amendment of Dr. Gooch's resolution, which was before the house at the time of the adjournment in the forenoon, was then taken up. It was moved that the resolution and the amendment be referred to the Committee on Education; which motion was lost. It being moved that it be referred to a committee of three, being instructed to report during the present session, it was so referred. The report of the Committee of Arrangements being then called up, they announced the arrival of several additional delegates to the convention, making the number of delegates now in the city, five hundred and sixty-six.

On motion of the chairman of the same committee, Drs. Harvey,

Peck and Butler were elected members by invitation. The Chair then announced that the committee appointed yesterday in regard to requiring quacks to label their drugs in English, consisted of Drs. Stevens, W. Williams, W. Hooker, and John Moultry. The Committee appointed on the resolution of Dr. Gooch, was Drs. Gooch, Phillips and Stelley.

Dr. Blatchford called up his resolution of yesterday, in regard to the licensing power. The amendment of Dr. Garnett to this resolution was first in order. After some interesting and eloquent remarks of Dr. W. Hooker, of New York, Dr. Johnston, of Missouri, and Dr. Atlee, of Pennsylvania, it was referred.

Dr. Blatchford then moved the following:

Resolved, That a committee of five be appointed, of which Dr. S. O. Edwards of Ohio, shall be chairman, whose duty it shall be to report on the best mode of preventing the domestic adulteration of drugs.

Drs. Edwards, Nelson, Jackson and Griscom were appointed.

The Chairman of the Committee of Nominations reported on the continuance of most of the committees of last year, and recommended the appointment of others. The report was accepted.

Dr. Atlee proposed for the consideration of the Convention, the question for the amendment of the constitution, which was adopted.

The Secretary then proceeded to read the constitution, when

Dr. Stevens moved that further action upon that instrument be indefinitely postponed.

Dr. Stewart moved to postpone all except that relating to the army and navy, which amendment was adopted.

Dr. Stille, chairman of the committee to which was referred sundry memorials touching the course pursued by medical colleges and other boards, in relation to the granting of diplomas, submitted the following resolutions as the report of that committee:

Resolved, That in order to preserve the purity and honor of the medical profession, and to place around young practitioners additional safeguards against temptation, it is recommended that every graduate in medicine be required to subscribe a pledge to submit to the revocation of his diploma upon conviction of having knowingly violated the code of ethics.

It is also recommended to the several medical colleges, and such other boards as are by law authorized to examine candidates for admission to the medical profession, to require from every graduate or licentiate, his signature to the code of ethics.

Further recommended, that the formal administration of a pledge faithfully to observe and keep the same code, form part of the public exercises of medical commencement.

These resolutions met with much opposition, and several were in favor of referring them back to the committee. The last two were, however, adopted, the committee being permitted to withdraw the first.

Dr. Condie offered the following resolution, which was adopted :

Resolved, That the second clause of article two of the constitution, be so amended as to admit the American Medical Association in Paris to representation in this body.

Dr. Parker offered the following resolution, which was also adopted :

Resolved, That a standing committee be appointed to inquire into all cases of death that may be reported as occurring from the use of anæsthetic agents, and report to the next meeting.

Dr. English presented a resolution in favor of appointing a committee of four to report on the epidemics of Alabama, and that it be added to the committee in other States. The resolution was adopted, and a committee appointed, of which Dr. Anderson is chairman.

A member here announced that the steamboat Hero would be in waiting at 9 o'clock to-morrow (this) morning, at pier No. 3, North River, to convey the members of the Convention to the different public Institutions.

Drs. Attlee, Miltenburger, Hooker, Cox, and Condie, moved that resolutions of thanks be given to the the Committee of Arrangements, Institutions, citizens, and all others from whom this body received courtesies during its session.

Dr. Bolton moved that a vote of thanks be given to the press of this city, for their accurate reports of the proceedings of this Convention. Adopted.

The President, before the adjournment, congratulated the members on the conclusion of their labors, and expressed the hope that they would have a safe return to their homes.

The Convention then adjourned *sine die*.

THE MEDICAL DINNER AT METROPOLITAN HALL.

GRAND ENTERTAINMENT OF THE SONS OF ESCULAPIUS IN NEW YORK.

The delegates to the convention of the American Medical Association having terminated their anxious labors for the dignity and welfare of the profession, in their sixth annual meeting, held in this city yesterday afternoon, availed themselves of the fraternal and hospitable invitation of the medical faculty of New York, to enjoy a grand entertainment at Metropolitan Hall.

Our daily extended reports of the regular sessional proceedings of the convention, have already conveyed a pretty accurate idea of the venerable aspect, professional worth, and individual respectability, represented from every section of the American continent, in the Bleecker Street Presbyterian Church.

Yesterday's entertainment, however, was a finale worthy of the men who gave, and in every way worthy of the men who partook of it.

Since the arrival of the delegates in this city, the committee of Arrangement and Reception has been under the Presidency of

Dr. F. CAMPBELL STEWART, of New York, assisted by the following gentlemen, viz:

Drs. John G. Adams, James R. Wood, John Watson, W. Detmold, Jackson Bolton, Benj. Ogden, Wm. H. Jackson, Edward L. Beadle, Henry D. Bulkley, John H. Griscom, Charles L. Gilman, Wm. H. Van Buren, George F. Woodward, Wm. Rockwell, Thos. Ward, Charles D. Smith, B. Fordyce Barker, Robert Watts, S. Conant Foster, J. W. G. Clements, Isaac E. Taylor, John O. Stone, George A. Peters, Jas. S. Cooper, Charles Herschel, Gurdon Buck, and Jared Linsley.

How they discharged their duties towards the press and public is already known. The medical faculty of this city, having determined upon receiving their brethren, entrusted the entire matter to their hands.

An entertainment in Metropolitan Hall was determined upon, at which the practitioners of the city and in the forest, the mountain and the prairie, the North and South, the East and West, and of all the districts and territories of our mighty confederation, could sit down and enjoy the hospitality of their brethren residing in the great Empire City of the whole.

The dinner took place at seven o'clock yesterday afternoon, in Metropolitan Hall. The guests were shown into the ample reception room immediately upon their arrival, and there a sectional committee attended to take charge of hats, cloaks, &c., which were duly deposited in numbered stalls.

From this they were shown to the main hall of the building, where the dinner was served up.

Upon entering we found the platform—familiarized to our eyes and ears by the personal bearing and artistic performances of Jenny Lind, Sontag, Alboni, and Julien—decorated by the most costly flowers and evergreens, of which a vast pyramid, capped with roses, occupied the centre. This floral arrangement, which had been entrusted to Mr. Thomas Dunlap, was most refreshing.

Immediately behind were seats for Dodsworth's Band, which attended in full force, and performed several magnificent airs during the evening.

From the platform to the door of entrance, the hall, the great space, was divided by fourteen tables, extending in straight lines, which were covered with the most rare and exquisite delicacies. Immediately in front of the platform two long tables swept around, at which the members of the press were accommodated. Opposite to each guest there was placed a bill of fare, printed upon rich white Satin, trimmed with a heavy border of azure blue. It is unnecessary to say that the tables "groaned with the weight of the feast," when we mention that soups, oysters, cold dishes, game confectionery, ices, fruits, tea, coffee, &c., were served up in New York abundance.

The galleries were filled with ladies, who were admitted by ticket from the committee of Arrangements. When the dinner was served

up, and the host of waiters and diminutive pages, dressed with turbans, in Eastern costume, were at their posts, the effect was almost overpowering. No assemblage in America, perhaps in the world, ever met combining so much moral worth, self-denial in the cause of humanity, disinterested exertion for the advancement of science and a more thorough identity of educated alliance to our free institutions than this did.

The committee of Arrangements entered the hall, preceded by Dr. Stewart, and followed by the guests. Upon their entrance the band played

“A march from the opera of the Black Domino.”

About seven hundred members followed, who were received by the courteous and inspiring recognition of nearly five hundred ladies in the galleries.

Doctor Jonathan Knight, of Connecticut, President of the American Medical Association, took the chair. Immediately upon his right and left we observed the Hon. Judge Oakley, the Hon. the Recorder Tillou, Ex-Mayor Kingsland, Rev. Dr. Peet, Rev. Dr. Francis, Rev. Dr. Osgood, Peter Cooper, Esq., and many of our citizens most distinguished at the bar, upon the judgment seat, in the pulpit and in the counting room.

The dinner was served up by Mr. J. J. Moffatt, of No. 579 Broadway, assisted by Mr. Pentin, having under their charge an army of waiters. The cost of this entertainment amounted to from \$500 to \$25 each upon our New York doctors, a fact which we mention in order that our readers may have an idea of its grandeur. Towards the conclusion of the entertainment, a brace of doves flew from a monster pie placed upon one of the tables, and having hovered around the brilliant hall for a long time in search of a resting place, deposited the emblem of peace and harmony over the heads of a group of ladies in the hall, who were conducted to seats in the side aisle of the main hall, by Dr. Hayes, of Pennsylvania, amidst loud cheers.

After the carving of turkeys, ducks, wild fowl, lamb, roast beef, &c., had proceeded with an accuracy which must have been grateful to the manes of John Hunter, and when the doctors had arrived at that *spirituelle* elevation from which they could look down with professional contempt upon the “oxygenated bitters,” and “nervous antidotes” of this morning, the intellectual and patriotic entertainments of the evening commenced.

The President then announced the first regular toast, as follows: “The President of the United States”—(Air, Hail Columbia.)

When the cheering with which this was received, had subsided, the second was read:

“The Governor of the State of New York.”

The third regular toast was:

“The American Medical Association—it has passed through the diseases of infancy with constitution unimpaired—a manhood of strength and usefulness awaits it.”

This toast was responded to by Dr. Knight, who spoke substantially as follows :

It accords with my feelings to respond to the sentiment which you have proposed, although I wish the duty had been imposed upon those who are more capable of performing it. The medical faculty of this city have, since our arrival, treated us with the most liberal hospitality, and extended to us the open hand of brotherhood. Your hospitality has extended to us its generous care by night and by day; our paths have been strewn with the tokens of your kind consideration. Indeed, so full has been the enjoyment of the members, so powerfully has it been expressed, I had serious apprehensions lest this medical association should resolve itself into a permanent body and hold perpetual session in the city of New York. (Laughter and applause.) And I am sure now, after witnessing the sight presented to our view to-night, (looking at the ladies in the gallery,) that, whatever doubts I might have entertained those apprehensions would ripen into certainty. I know not what the feelings of your good citizens might have been at this sudden visit of three or four hundred physicians, in addition to the number you have already here. I recollect very well that upon the taking of the census of this city some years ago, the number of inhabitants was stated at 100,000, with possibly a proportion of 150 medical men; but with the increase of population to 500,000 or 600,000, there have been added some five or six hundred gentlemen of the profession. Notwithstanding what has been said of the medical profession of the present day, in publications, in private conversation, in reports to this or that learned body, I believe it has steadily advanced. It has been said that the medical profession has degenerated, but I believe that it has progressed with all other sciences, and I have no hesitation in saying that the time will come when the labors of the physicians of the present day will be appreciated as their merits deserve. But it was not my intention to enlarge upon this, or any other subject. I arose merely, in the name of the Medical Association, to return you their kind acknowledgments for the liberal hospitality you have treated them with.

After the conclusion of Dr Knight's remarks, the fourth regular toast was proposed :—

"Divinity, Law, Medicine—Three graces, all of which combined, support each other."

To this toast, Rev. Mr. Osgood responded, in a few brief and appropriate remarks.

He said that he learned when a boy, to do as the doctor said, and he never forgot the old habit. But for the first time in his life, the doctor had got him into trouble, instead of helping him out of it. He spoke of the intimate relation between the professors of medicine and divinity, and illustrated his points by some amusing anecdotes. He ended by exhibiting the two professions as interpreters of the same heavenly mercy, and gave the following sentiment, after speaking of medicine as nature evangelized :—

"Medicine and Divinity—The two stood together in the beginning, when science was darkened by superstition; they shall stand nearer together at the end, when science and faith shall be recognized as different, but harmonious, aspects of the same divine wisdom and goodness."

In compliance with the general request, Judge Oakley arose, but merely returned his thanks for the honor which had been conferred on the profession of which he was a member.

Dr. Francis was next called out, and was received with repeated applause. He spoke in substance as follows:

Gentlemen, and Members of the Medical Association:—I don't know exactly upon what topic I shall address you. I believe the sentiment involves law, divinity and medicine. I am taken somewhat by surprise, and particularly when I look around this hall, and see this vast medical faculty. I wish that an individual of more potentiality had been called upon to respond to this toast; but as the matter is now before us, I may say that while I listened to the address of the Rev. Mr. Osgood, D. D., and of Judge Oakley, L. L. D., it appears that nothing but the subject of medicine is left for me. But I shall take up the whole three subjects—lawyers, divines, and doctors. I shall say very little on each, however. It is evident, Mr. President, that from the first organization of society; from the foundation of the first hamlet or village, down to the establishment of a mighty State like this, that order must have obtained, or such a condition of things could not have existed. It must therefore be certain, that law existed, or order or government, at a very early period. And I take it that the history of society shows that order, government, discipline, regulation, and preservation of law, is indispensable. Therefore, law exists with man from the beginning, and continues as he advances to that perfect state to which he is capable of arriving. Divinity is an inherent principle in man, for I contend that man, in his early state, is religious; and in his primordial condition, was endowed with religious principles; and hence, I affirm, the religious principle is innate with man. Now that we have seen law well dispensed, we find religion engrafted on law, and that both these branches of profound science have always gone hand in hand. The history of eminent men abroad, shows you the connection between law and divinity. But, gentlemen, there is another point to which I would call your attention. With the principles of law and religion, we find, in the earliest state of society, men practising medicine; the priest and prescriber went hand in hand together; and hence, law, physic and divinity, are one harmonious trinity.

After a few further remarks, Dr. Francis concluded by paying a compliment to Dr. Wellford, late President of the Association, and proposed, as a toast, his health and prosperity.

After his health was drank, Dr. Wellford returned his thanks, and responded to the following toast in a brief and appropriate speech:

“Union—Upon it depends the safety of individuals, the strength of States, the existence of nations. The physicians of America, will always be found among its warmest supporters.

Dr. Detmold responded :—Gentlemen, said he, I have been called upon to ascend this platform, and put my voice in competition with Jenny Lind’s. You will now say if you can hear me as well as you did that lady. (“No, sir.”) Well, gentlemen, in reply to the call made upon me, I have spoken, and if you have not heard me now, perhaps you may never have an opportunity of hearing me again. (Cheers for Detmold.)

The next toast was as follows :

“The Union of Science and Literature.—A happy marriage, the fruits of which are nowhere seen to a better advantage than in our American Holmes.”

To this, Mr. Wendell Holmes responded, by reading a humorous and witty poem which he had prepared for the occasion, and which excited considerable merriment among the company.

The next toast was—

“Woman—Who so well as the physician can appreciate her varied excellence!”

Dr. Mitchell being called upon also to respond to this toast, mounted the table and thanked the company for the position they had seen fit to place him in. In standing here, said he, I occupy a high position, and a high position in the city of New York is no mean station to occupy. I am herè expected to address the gentlemen below, and the ladies above; or rather the suns below and the stars above. (Great laughter and applause.) Such a hall, and such an audience, and such an effort, warrant me in saying, that in standing here, I have made a great *Hall*. (Applause.)

The last regular toast was—

“Woman—Who, so well as the physician, can appreciate her varied excellences?”

Dr. Bond replied to this toast :—I have always, said he, when I have been placed in exciting circumstances, wondered what position was the most desirable to occupy; and now I have come to the conclusion that it is to be placed in such proximity to heaven and earth. (Alluding to the ladies in the galleries, and the audience below.) I am not sure, sir, that I have any pretensions to be funny, but the last toast is calculated to excite all the risibilities of my nature. I feel I have no right to this place, except as the representative of that dear old State of Maryland, whom all delight to honor. To tell the truth, I feel like an old man at the South—he was a sort of doing-all-things sort of a man; and having been called on to make a speech, he found he was “far below his depth,” and got out of the dilemma by saying, that he felt it to be his duty to refuse to inflict that punishment upon his audience. (Applause.) Sir, if I glory in my profession, I will always remain proud of it. It is a glorious profession. Around me are collected the greatest lights of

that honorable profession, and I am so dazzled that I can hardly stand within their focus. I will close by giving—

“Woman—The innocent partner of all our toils and troubles, as meek as the angel, yet exerting an influence only a little lower than a god.” (Great applause.)

Several volunteer toasts were proposed and speeches made, before the company dispersed, the festivities being kept up till midnight.

SECOND VOLUME OF DR. DRAKE'S GREAT WORK.—We are informed that the second volume of Dr. Drake's work on the diseases of the Valley of the Mississippi, now in manuscript and unfinished, is placed in the hands of Dr. S. Hanbury Smith for completion and preparation for the press. It will be ready for distribution by next fall. Dr. Smith, as is well known, was formerly editor of this Journal. He was also Superintendent of the Ohio Lunatic Asylum and Professor of Theory and Practice of Medicine in Starling Medical College. His talents and professional acquirements admirably fit him for the responsible work committed to him for execution. We hope and trust he may be eminently successful and realize the reward from the profession of “well done good and faithful servant” which is of more value than gold or silver.

MEDICAL AND SURGICAL JOURNAL ADVERTISER.

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4. Three pairs longitudinal half boots,				
No. 1, each splint	-	-	-	1 50
2, do	-	-	-	2 00
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THE OHIO
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No. 6.

PART FIRST.

ORIGINAL COMMUNICATIONS.

The following is an extract of a letter from our highly esteemed friend, Dr. J. Bassett Chapin, now a resident of the New York Hospital. The case described and the remarks upon it, are very interesting, and will be read with profit by every one. We hope hereafter to receive similar favors.—*Ed. O. Med. and Surg. Journal.*

Art I. DESQUAMATIVE NEPHRITIS.

* * * In no department of investigation has greater progress been effected than in the study of Renal diseases. To Dr. George Johnson, of London, is due the credit of clearing away the veil that has long obfuscated these diseases, who has demonstrated the necessity of the microscope for their proper diagnosis. He divides all kidney affections, attended with albumen in the urine, into two varieties; the first he denominates Desquamative Nephritis, embracing that variety of disease characterized by the presence in urine of epithelial cells, and fibrinous casts of the uriniferous tubules, and often blood. The *second* variety, by the presence of epithelial cells, waxy colored casts, and fat globules. These globules exist in the cells, and load the casts, or by their abundance, rupture the cells, and exist free

in the urine. Blood is often an accompaniment to the above throughout the disease ; this is the true granular disease of Bright—a fatty degeneration of the kidney.

Since the announcement of the above results, great interest has been excited to see how far repeated observation would tend to confirm them. The cases of albuminous urine have been attentively observed the past year by Dr. Van Arsdale, the microscopist of this hospital ; and I am sure I can write you nothing of more interest than to communicate to you the history and full notes of a case most recently under treatment. This, you will observe, confirms fully the characteristics of the first variety ; and I select this from several on account of many features of interest involving the treatment pursued.

CASE.—A German, aged 36, a farmer, was admitted April 12th, during the attendance of Dr. Swett. Stated he enjoyed good health till five weeks ago, when he arrived in an emigrant vessel from Liverpool. About this time attacked with dizziness, vomiting and diarrhoe, together with considerable febrile excitement ; but does not recollect to have had any sore throat, rash, or eruption over body ; was convalescent in three weeks, marked by return of appetite and strength. Three weeks ago noticed an oedematous swelling appearing first in the legs, then in face, and extending to abdomen and body generally. About this time noticed his urine very high colored, and was obliged to void it often during the night. Has complained of no pain about region of kidneys.

At present pulse 100, good strength, skin cool and *dry*, tongue natural, bowels regular, appetite fair. Legs and abdomen considerably distended, face puffy. There appears to be a general exfoliation of the cuticle over body, and spots of purpura. No tenderness over kidneys on pressure. Complains that he is very much affected by changes of temperature.

On examination of liver and heart, no enlargement detected, apex strikes natural ; faint blowing sound, with sound of heart, over aortic valves.

Quantity of urine in 24 hours, two pints, very high colored, frothy, of acid reaction. Sp. gr. 1006, depositing, by heat, and nitric acid, an almost solid deposit of albumen.

Microscopic examination shows urine to contain blood in moderate quantity, epithelial cells, and casts of the uriniferous tubes. No fat globules observed.

C. C. ad reg. lumb.

H. Hot air bath, ter in die.

H. Ipecac pulv. gr. $\frac{1}{4}$.

Mind. Spiritus. 3ss. M. 9. 4. h.

April 15. Urine 3 pints in quantity, Sp. gr. 1004. Is clearer, contains much less albumen. Skin becomes moist during application of hot air, but generally dry. Has had two days looseness of bowels, stools contains mucus and slime.

April 17. Urine last 24 hours, $6\frac{1}{2}$ pints, Sp. gr. 1003, dark colored, shows but a faint cloud of albumen by chemical agents. Microscopic examination, shows presence of cells in abundance, no blood, no casts. Perspired freely for two hours last evening. Dysenteric stools continued.

Discont. above.

H. Pulv. Dov. grs. v p. r. n.

April 19. Quantity of urine last 24 hours, $6\frac{3}{4}$. Sp. gr. 1004. Dropsy has very much diminished. Has had 6 stools last 24 hours, containing blood. Skin acts freely.

H. Opii, P. grs. ij.

Plumb. Act. grs. ij H. Pill. 9. 4. h.

April 21. Quantity same. Sp. gr. 1004. Microscope shows a little blood, a few epithelial cells, no casts. Skin perspiring freely. Dysentery checked.

Discont. above.

C. C. ad reg. lumb.

H. Hot air bath.

R. Spts. Mind. et Ipecac. Mist. 9. 4. h.

April 25. Quantity of urine $5\frac{1}{2}$ pints. Sp. gr. 1005, of dark color. Microscope shows it to contain cells and fibrinous casts in much less quantity. Skin acts freely; dropsy subsiding; not any about face or abdomen; most marked about ankles.

May 9th. The quantity of urine has been gradually increasing, reaching 12 pints. Sp. gr. 1004, and much clearer.

Chemical examination shows the slightest possible trace of albumen. Microscope shows nothing but mass of disintegrated cells.

General condition improving, and walks about the ward for first time.

Resolved to discontinue all treatment.

May 25. From time of last note, urine has been gradually diminishing, amounting last 24 hours to 5 pints. Sp. gr. 1006. No albumen; nothing microscopic; very slight oedema about ankles. Walks about; appetite good.

June 5th. Quantity of urine, $3\frac{1}{2}$ pints. Sp. gr. 1008. Is considered to be in a condition to be discharged at the expiration of his time.

You will observe the disease run its course to a favorable termination; there were many reasons to suppose the patient had contracted scarlatina from his exposure on ship-board, and from the exfoliating process going on in the skin, though no other points were elicited.

The microscope showed the same desquamative process going on in the glandular uriniferous tubes, the abundance of their cells, their subsidence, and final disappearance.

To explain the phenomenon of the above, it is necessary to recall the anatomy of the kidney as demonstrated by Todd and Bowman, and to know that the uriniferous tubes are lined by glandular epithelial cells, resting upon a basement membrane, whose office is to eliminate the solid constituents of the urine.

The pathology of these appearances depends upon the fact, that the kidneys take upon themselves to eliminate from the blood foreign matter that may be existing in it, as when the exfoliation of the cuticle, after scarlatina is arrested, the kidneys eliminate what is supposed to be the "*materies morbi*;" to perform this function, the death of the cell and its presence in the urine, is the result, which is always to be looked upon with suspicion; for no cell ought normally to exist in the urine.

This desquamative process may go on then according to the condition of the blood, new cells produced; but if it is to continue, become chronic, a time will come when they will lose their primitive vitality, none be reproduced, and atrophy from disease, and permanent disease result.

The presence of blood corpuscles, and, of albumen, is owing to congestion of the malpighian bodies, and mechanical exudation;

the fibrin coagulating furnishing the casts of the tubes, which are washed away in the flow of urine existing generally through the course of the disease.

These diseases generally run their course to a favorable termination, leaving no permanent disease of the kidney; properly to diagnose this variety, and especially as aiding us in the prognosis, the microscope is to become an indispensable agent.

In the treatment of this disease, the microscope indicates rather a negative course. The cells, as they fall off, very often block up the tubes, and it would be obvious that diuretics, or substances likely to irritate the kidneys, would increase the difficulty. The indication is to relieve the congestion of the kidneys, manifested by the presence of blood in the urine; this perhaps ought to be received with some caution; for, in some of the cases, the hemorrhage seemed to be rather a passive one than active.

To relieve the dropsical accumulations, different plans are suggested; but the treatment pursued here and oftener successful, perhaps, is the diaphoretic. In reviewing the above case, you will observe the result. The patient received internally the Spiritus Mind. and Ipecac., and externally was administered the hot air bath for 30 minutes at a time, repeated during the day. In three days the skin, hitherto dry and harsh, became relaxed, and in five days diaphoresis was established, much to the relief of the kidneys.

When the skin commenced to act, the urinary secretion began to increase, and the bowels were spontaneously loosed.

I have endeavored, as briefly as possible, to detail the case above, and hope it will prove of sufficient interest to pay a perusal.

ART. II.—*Medical Properties of Ox Gall.* Read before the Montgomery County Medical Society.

The broad and catholic grounds which we, as physicians, occupy, stimulates us to push our researches in every direction, in order to extend our area of available medical knowledge. In no way can our efforts be spent to better advantage, than that of trying to enlarge our list of efficient remedies. We are bound to use all means,

whether moral or physical, which the indications of science or the test of experience point out as the most successful in the removal of disease. Of the physical means, we, as regular physicians, have the privilege of selecting any thing which the material world affords. We may use a substance of any form, whether aeriform, fluid, or solid, or from whatever kingdom of nature it may be derived, whether animal, vegetable, or mineral.

The article that we have selected, and concerning which we propose to make a few suggestions, is taken from the animal kingdom, and belongs undoubtedly to that class of substances termed *secretion*. Ox bile, which has been brought very prominently before the profession, by Dr. Charles Clay, of Manchester, and other eminent British physicians, some few years since, has not been, as we think, so fully tested in America, with regard to its medicinal properties, as its merits deserve. It was brought into use, in the first place, from a suggestion that it might act as a substitute for the human bile, in the case of patients who seem to suffer from a deficiency, or perverted condition of that important secretion. In a country like ours, where perhaps three-fourths of all the disease with which we have to contend, is derived either directly or indirectly from a morbid condition of the liver, it would be well to pay the most strict attention to every remedial agent which may in the least promise to be serviceable in these cases. We do not expect that this article would meet successfully many of the symptoms growing out of the *retention of the bilious matter in the circulation*; but that it will remove that distressing condition of things caused by its *absence from the alimentary canal*, will scarcely admit of a doubt. In order to accomplish the first named object, it would necessarily have to eliminate the bilious matter from the blood, or restore the healthy action of the hepatic system. This last, however, might be done by its acting as a healthy stimulus upon the mucous membrane of the duodenum, thus (according to a well known principle in medicine) indirectly exciting the liver through the medium of its excretory duct. For this reason we are of opinion that inspissated ox bile could be used in jaundice and other like billious affections with benefit.

Much might be said concerning the office of the secretion of the liver in the system of man, but the destined limits of this paper will

not permit. Suffice it to say that its absence from the alimentary canal is invariably connected with symptoms which render life a burden. From the character of these symptoms, if from no other circumstances, we are naturally led to infer that the bile, in the animal economy, acts more particularly as an antacid and solvent in the stomach and bowels. The most common effects of a deficiency in quantity or quality of the bilious secretion are dyspepsia, acidity of the stomach, and obstinate constipation. It seems quite evident that these conditions are owing more to the absence of a sufficient quantity of good bile in the alimentary canal, than to its retention in the circulation ; and for this reason we infer that this peculiar substance is a *secretion*, intended for useful purposes, and not an *excretion*, merely, as is contended by some.

We then propose to treat those affections arising from deficiency either in quality or quantity of the bilious secretion, by administering that which will prove, as we think it will in many instances, a substitute for it. If we may believe the testimony of several distinguished medical philosophers and practitioners who have used the ox bile in dyspepsia, and in its almost infinite variety of attendants, we will be fully convinced of its great utility. It generally corrects the acidity of the stomach and consequent headache which so often harass dyspeptic persons. Its alkaline properties seem to counteract the acid and thus remove all the symptoms depending upon it. Cases are mentioned, upon the highest authority, in which the patient, after resorting to every article in the list of cathartics, in order to remove the constipated habit so frequently attending dyspepsia, have received permanent relief from the use of the inspissated ox gall. It has been used in cases in which the blue pill was inadequate to the purpose of producing any but the most transient effect, and in which all purgatives would leave the bowels in the same if not a worse condition than that in which they found them. The patients were compelled to linger on for three or four years, being almost daily under the painful necessity of taking cathartics, which would produce much griping and general uneasiness after taking them. Under these perplexing circumstances, the article to which we have called attention, has been administered in the form of a pill with the happiest effect. One of these pills, (5 grs.,)

has been given every three hours, and at these rates they scarcely ever fail to produce in less than twenty-four hours, full stools of natural consistence, and that, too, without any pain whatever attending their operation. After taking one of these pills twice or thrice per day, for five or six days, the acidity almost always leaves the stomach, also the headache subsides, and the bowels resume their natural and healthy condition.

The first instance in which I have used the inspissated ox bile, was in the case of Mr. R——, aged 25 years, an intelligent young gentleman of my acquaintance, who had been laboring under dyspepsia attended with slight hypochondria and the most obstinate constipation. He was of a delicate nervous temperament, and much given to sedentary habits. He was very much troubled with pains in his stomach and bowels, accompanied with dizziness in the head. The bowels would remain without a motion for a whole week unless a purgative was taken, in which instance an unusually large dose was required, and the pain attending its operation was represented as being dreadful. The stool was hard and of a light or brownish color. I might mention, also, that there was a sense of weight in the right hypochondriac region, sometimes amounting to downright pain. He remained in this condition for several years, when he was compelled to give up his avocation, (school teaching,) and turn his whole attention to the malady which was preying upon his system. All the cathartics were tried, that seemed to promise any good in removing the costiveness, which was the most troublesome symptom in the case. He would use one article, (for instance, Rhubarb,) until the system lost its susceptibility of being acted upon by it, and then he would resort to another with the same result. Thus he continued up to the summer of 1849, when I commenced treating him with the inspissated ox bile. On the day that I gave him the first dose, he had had no motion of the bowels for four days. In the afternoon of that day he took two (10 grs.) pills, and repeated in four hours. The last dose was shortly afterwards followed by a full, soft and *painless* stool, to the great joy and satisfaction of the patient. He continued to take a pill, night and morning, until the most complete regularity of the bowels was established. The pain of the stomach and bowels entirely subsided, and his general

health became much improved. He is almost of opinion that the *Fel Bovinum* is a specific, and prepares it himself, to use as occasion may require. This is only one of the many instances of the kind, which could be mentioned, in which I have used this article with the most satisfactory results.

I shall mention another case which is of a somewhat different class of patients, who have been signally benefitted by the remedy under consideration. Mrs. ———, aged about 22 years, light complexion and medium size. Was a resident, up to the summer of last year, of the State of Mississippi. She is slightly hysterical, and has been for years affected with costiveness to such an extent as to be under the necessity of taking physic every few days. Large doses were required, which after a painful operation, left the bowels in their usual condition. She was somewhat chlorotic, and frequently suffered from what she called "fainting spells," which were very unpleasant indeed. After I had administered in this (as in the first mentioned) case, ordinary cathartics with but temporary effect, I resorted to the inspissated ox bile. I evaporated the gall to the consistence of thick tar, and then brought it to the consistence of pill mass by the addition of the precipitated carbonate of iron, one 5gr. pill of which was given three times per day, with the effect of establishing perfect regularity of the bowels. I had one pill taken daily for two months, and we had the satisfaction of seeing the complexion of the patient assume a more ruddy and healthy appearance, the fainting fits reduced in frequency, and the strength improved. It would be well to state that in this case, after about one month, the use of the inspissated gall and iron pills were suspended every other night in order to admit of the administration of a small dose of taraxicum, for its alterative and tonic effect.

This article is of undoubted utility in cases of children laboring under diarrhoea where the stools are light colored, indicating a lack of the normal quantity of bilious secretion in the system. The well known power of bile, whether human or not, of preserving milk from coagulation, has suggested the idea of using it in cases of infants upon whose stomachs the nurses milk curdles, producing vomiting and irritability of that organ. This practice is said to be very satisfactory by those who have ample opportunity of testing it in

such cases. From the established fact, also, that a solution of gall, when poured even in very small quantities over hardened fæces which have been voided from the body, reduces it to a soft, pulpy consistence, it has led the inductive medical practitioner to use it as an injection where the rectum is filled with impacted fæces. I have used it with good effect in a marked case of this kind. We very plainly see that the mode of operation of this medicine is the same within as without the alimentary canal. Its contents are softened, thus enabling the natural peristaltic action to propel them onward. We can in this way account for their *painless* operation, while those remedies which act merely by increasing the peristaltic motion, produce such great pain. It may be urged that this medicine will prove insufficient from the fact that constipation is but a *symptom* of an unhealthy condition behind it; but whilst this may be true, it will be well to recollect that when constipation is once established as a secondary effect, it has a baleful reaction upon the system, and we think that if this symptom be attended to, the first link in the chain of morbid action will often disappear of itself.

We are living in a period of the history of medicine, which is distinguished for the application that is made of a philosophical principle commonly known by the term of "induction." By it we understand, an inference or general conclusion drawn from the existence of one or more well established facts or propositions. The advantages which this furnishes to the modern physician, could not possibly have been appreciated by the older writers on medicine, unless they could have clearly recognized the principle, and seen it exemplified in practical life. This grand system of philosophy which was introduced by the immortal Bacon, was more readily received and more frequently used by *our* profession, probably, than any other. The enlightened medical philosopher is materially aided in his investigations of the essential character of disease, by the effects produced upon the system by therapeutical means, and from other circumstances, in the same manner as the mathematician and astronomer are aided in determining the size and distance of remote bodies from the well known size, distance and position of those near them. This mode of investigation has been productive of more rich and valuable acquisitions to modern medical science than any which

could be named. The various mechanical contrivances which have from this kind of reasoning been applied in surgery, and also the various actions of substances observable in the chemical laboratory, have furnished the greatest possible number of good practical hints to the surgeon and physician. The history of the article under consideration will serve sufficiently to illustrate this position. In the *first* place it was brought into use in cases of constipation growing out of the absence of the normal quantity of bile in the system, from the fact that its properties, both physical and vital, are similar to that of the human. In the *second* place, its use with beneficial effect, as an injection in cases of an impacted rectum, was indicated solely by its demonstrated power of dissolving hardened *fæces out of the body*; and *thirdly*, its profitable uses in cases of nursing infants afflicted with acidity and coagulation of milk upon the stomach, was naturally enough pointed out by its alkaline property and by its power of dissolving coagulated milk and preserving it in that state *out of the body*. I will close this paper by merely expressing my ardent wish, that members of the profession will not forbear making an examination of the merits of this article, notwithstanding the apparent simplicity, for we should ever remember that the whole science of medicine is but a grand and systematic aggregate of great and *little things*.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*The Speculum as a means of Diagnosis.*

[We extract the following remarks of Prof. Henry Miller, of Louisville, from his able Report to the Kentucky State Medical Society. The subject is one of deep interest to the profession as well as to the community at large:—*Ed. South. Med. Jour.*

“In a paper, on the use of the speculum, read before the *Royal Medical and Chirurgical Society*, May 28, 1850, Dr. Robert Lee makes the assertion, that in two great classes of organic diseases of

the uterus—malignant and non-malignant—and in all the displacements of the uterus, he has derived little or no aid from the speculum, in their diagnosis and treatment. The writer confesses his unfeigned surprise when this assertion, by an author of Dr. Lee's standing in the obstetric department of the profession, first arrested his attention, in perusing the report of his paper in the *London Lancet*. In the discussion which ensued, none of the distinguished gentlemen present appear to have noticed it or animadverted upon it in such terms as it deserves. Let us, then, inquire whether the speculum is indeed superfluous, first, in organic diseases, and secondly, in displacements of the uterus. It will be conceded, we presume, that inflammation is an organic disease, and that it is, moreover, the architect of numerous other diseases of the same class. Now, Dr. Lee virtually affirms that the speculum is not needed to discover the existence of inflammation of the cervix uteri, and upon this we join issue with him, being willing to stake the fortune of the speculum on its trial by a jury of our peers.

“If the speculum be discarded, we cannot discover inflammation in this, its favorite lurking-place, except by the symptoms that accompany it, or by the touch, in the usual mode of examination. Will the symptoms reveal it? Their uncertainty and the dimness of the light they shed, are proverbial. There may be pain or a sense of heat in one of the iliac regions, together with back-ache and neuralgia of the musculo-cutaneous nerves of one or both thighs. There may be frequent and painful micturition or tenesmic irritation of the rectum. The menstrual function may be deranged, and there may be leucorrhœal discharge. But any or all of these symptoms may be present, and yet inflammation may not exist, while there may be inflammation, and few or none of these symptoms be complained of. Of the truth of these remarks no practitioner can be ignorant, who is much conversant with the diseases of females, and is familiar with the use of the speculum. The writer well remembers the case of a lady, the mother of two children, who miscarried in her third pregnancy, and suffered severely with her head for more than a year afterwards. She complained of fullness of the head, with more or less pain continually, and occasionally with very acute pain. On the part of the uterine system there was no evidence of any thing amiss, except that she did not conceive

again, and menstruation, though regular, was scanty, seldom lasting more than a day, and amounting to a mere show. There was not, at any time, leucorrhœal discharge, nor did she complain of pelvic pains, and yet when examined with the speculum, chronic inflammation, with hypertrophy of the uterine neck, was discovered. This was cured by the usual treatment: menstruation returned to its healthy type, and the cephalic symptoms gradually abated.

“Can the touch detect inflammation of the cervix? This question might be answered by another: could a blind surgeon detect cutaneous inflammation by the touch? The truth is (and every accoucheur well knows it) none of our senses is more deceptive than the touch, or more frequently leads to mistakes. The only discovery which can be made by it, in the matter under consideration, might be made as well by any other instrument as by the finger, viz: the existence of morbid sensibility in the cervix uteri. When the inflamed cervix is pressed upon the finger, the patient usually winces, and so she would were it pressed upon by a stick. Morbid sensibility may, however, exist independently of inflammation, and cannot, therefore, be regarded as furnishing conclusive evidence in such an investigation.

“Upon the whole, then, the practitioner who relies on the symptoms and touch only, for his diagnosis in these cases, can never know of a surety that inflammation exists: he may surmise it, but cannot possibly have any greater certitude than could a blind oculist concerning the existence and nature of inflammation of the eyes.

“Ulceration belongs also to the class of diseases, in which, according to Dr. Lee’s assertion, little or no aid is to be derived from the speculum—howbeit he is incredulous as to the occurrence of this morbid state, in the female sexual organs, except to a very limited extent. He says explicitly that he has never seen ulceration of the os and cervix uteri, which was not of a specific character, especially scrofulous and cancerous. To fortify himself in this position, seems to have been the main object of his paper; for could it be proved that ulceration is a rare disease in these parts, the speculum might the more readily be driven from the field. Dr. Lee’s clique, who rallied around him in the debate, felt equally with himself the necessity of expunging ulceration from the list of female sexual maladies. To accomplish this, they were forced to maintain that

ulceration necessarily involves a palpable loss of substance. It is readily admitted that, in this sense, ulceration is a rare form of disease of the os uteri; we are not sure, indeed, that we have ever once met with it, nor have we a right to look for deeply excavated ulcers in such a situation. The mucous membrane alone is commonly implicated, and this is here of such exceeding tenuity that it cannot be dissected from the subjacent tissue. The nearest approximation to a dissection, which can be made by the most skillful anatomist, is to lift it up, in delicate patches, upon the point of a sharp lancet. Supposing the membrane to be destroyed, in its whole thickness, by the ulcerative process, there would not, therefore, be palpable loss of substance or any thing like an ordinary ulcer upon the skin, or even upon the mucous membrane of the intestines. But there is, nevertheless, what fulfills the definition of ulceration, namely, a solution of continuity, in a soft part, accompanied by a purulent discharge, for it may be brought to light by the speculum, and when wiped with a sponge, a raw and often a bleeding surface is exposed. What matters it, if Dr. Lee and his partisans choose to call it 'abrasion,' 'excoriation,' or by any other name. Such a surface, produced by morbid action, were only the epithelium destroyed, is ulceration; for there is solution of continuity and there is purulent secretion.

"Ulceration of the os uteri is usually accompanied by inflammation, and the symptoms to which it gives rise are nearly the same, only there is more constantly purulent leucorrhea. But this discharge does not always attend it; for the secretion may be so slight as to be absorbed, and there may be purulent discharge without ulceration. Ulceration cannot, therefore, be predicated of any case from the symptoms only. It may be discovered by the touch, when the roughness of the affected surface is well marked, but in the very great majority of instances, nothing can be positively affirmed until the parts are brought under ocular inspection. Of this, every day's experience convinces the writer more and more firmly. While inditing this report, he had occasion to examine a lady, from a distance, whom one of the most distinguished surgeons in this country, after examination by the touch alone, pronounced to be laboring under displacement of the womb, the organ being, as he assured her, perfectly free from disease: the writer was soon satisfied, by a spec-

ular, as well as tactual examination, but there was chronic ulceration of the os uteri, but no displacement of any kind!

“The committee will next attempt to estimate the claims of the speculum, as a means of diagnosis, in displacement of the uterus, the other class of cases, in which Dr. Lee says it is of no value. None of these displacements is clearly indicated by the symptoms alone, except retroversio uteri occurring in the pregnant state, in which the sudden and total suppression of urine, together with the severe sufferings of the patient, points plainly enough to its existence. But in the non-gravid state, neither retroversion, nor anteversion, nor prolapsus, (the most common of all the displacements,) is accompanied by such symptoms as throw any satisfactory light on the subject. To the touch, at least, an appeal must be made, and through it we may learn that the organ is displaced, and the manner of its displacements; but we cannot learn its pathological condition, a capital hiatus in the information we are in quest of; for the speculum has taught us the frequent, nay, the almost constant co-existence of inflammation or ulceration of the cervix uteri. So true is this, that the writer can conscientiously declare that, since he has used the speculum freely in his practice, he has seldom seen an instance of prolapsus or retroversio uteri, uncomplicated with inflammation or ulceration of the cervix; and he is becoming more and more skeptical as to the existence of simple displacement of the uterus. His own view of the pathology of such cases, in that inflammation is the primary and essential disease, while the displacement is merely a sequence. Such is the doctrine advocated by Dr. James Henry Bennet, in his valuable practical work on ‘Inflammation of the Uterus,’ who attempts to explain the occurrence of prolapsus on the principle of the increased gravity of the uterus, acquired by inflammation. Dr. Meigs rejects the doctrine, and thinks he has most triumphantly refuted it by showing, as we think he has very conclusively, the insufficiency of the explanation.— (*Females and their diseases*, p. 137.)

“But it does not seem to have occurred to Dr. Meigs that the doctrine may be true, while the explanation may be false. Grant the existence of inflammation of the cervix as the antecedent, and it may be that the irritation, established in the part and propagated to the neck of the bladder and to the rectum, will eventually cause

prolapsus by the bearing down efforts which it provokes, and this, we suspect, is the true etiology.

“Be this as it may, and whether inflammation is the antecedent or the consequent of the prolapsus, the writer reëffirms, without fear of successful contradiction, that inflammation or ulceration exists in nearly every case of displacement of the womb, and that it can be detected only by the speculum.

“But Dr. Lee, as we have seen, not only renounces the speculum in the diagnosis, but also in the treatment of the whole class of diseases we have been considering. It is difficult to imagine the grounds of this renunciation. Can it be that the treatment of these diseases, by other means, has been so successful in his hands as to preclude the hope of improvement? If so, we sincerely congratulate him on his good fortune, in a field where all other practitioners, from time immemorial, have met with little else than discomfiture. For our own part, we are not ashamed to confess that, until we called the speculum to our aid, we were defeated on every hand, or, at best, victory so seldom perched upon our standard, that we were bound to regard our success as fortuitous, rather than merited. We never cured a case of prolapsus by the pessary, or of long-standing leucorrhœa, connected with inflammatory or ulcerative disease of the cervix, by constitutional treatment and the ordinary local applications.

“Such *fillibustering* may succeed in recent and trivial cases, but when the disease is more strongly intrenched, it can only be dislodged by a superior force operating directly and systematically upon it.

“These uterine affections are essentially local in their nature: they owe their origin to local causes, and are most successfully treated by local remedies. But the remedies must be sufficiently potent to make an impression upon the disease. The sprinkling of an inflamed or ulcerated os uteri, with simple or medicated water, by means of a syringe (the only local remedies resorted to by the *fillibusters*) cannot be more efficacious than such piddling ablutions upon other parts of the body. What would be thought of a surgeon who should attempt to cure an external chronic inflammation by squirting a little water or solution of lead or zinc upon it, two or three times a day?

"The more potent remedies which are addressed to the affected part through the speculum are, chiefly the local abstraction of blood by scarification or leeching, and superficial or deep cauterization, according to the circumstances of the case. It is not the design of the writer to enter into details on this part of the subject; he begs to refer the Society to practical works, particularly to Dr. Bennet's treatise, already alluded to. He will, nevertheless, submit a few annotations, suggested by his own experience in this branch of practice, which has been pretty extensive.

"*First.* Local depletion may be effected as well by scarification as by leeching, when the inflammatory congestion occupies the superficies of the os uteri, and ought to be preferred, because it may be done more expeditiously, and is far less revolting to the patient. When the inflammation is deep-seated, and there is little or no discoloration upon the surface, leeches should be employed, and half a dozen are commonly sufficient to procure as free bleeding as is desirable. Local blood-letting is a valuable part of the treatment of these cases, and ought always to be premised, whenever there is any considerable degree of inflammation. It is a good preparation for cauterization, and may be advantageously repeated, in conjunction with cauterization, until the inflammatory congestion is subdued.

"*Secondly.* With the same view, cold mucilaginous injections—infusion of flax-seed or slippery elm—should be thrown into the vagina, by the patient, three times a day. But these will accomplish nothing unless a good syringe is provided, and the patient properly instructed in its use. The injections should be taken in a recumbent posture; the syringe ought to hold several ounces and have a pipe, with a bulbous end, long enough to reach the superior portion of the vagina.

"*Thirdly.* When the inflammation or ulceration is confined to the mucous membrane, with only slight enlargement, and no induration of the cervix, cauterization with the nitrate of silver in substance, is the only application which will be found necessary in most cases. This ought not to be repeated too frequently—an error, which the writer has reason to believe, is committed by some—not oftener than once a week. Six or eight of these hebdominal cauterizations may suffice to cure the disease; but in some cases, a

longer perseverance may be necessary, and in a few, the inflammation may prove altogether refractory. In such instances, the writer's practice is to cauterize once superficially with the potassa cum calce, and afterward, with nitrate of silver as at first.

"*Fourthly.* Should the inflammation have extended to the proper tissue of the cervix, and resulted in induration, deep cauterization with the potassa cum calce will be indispensable to restore the part to its normal state, and heal any ulceration which may exist. It is quite useless to treat such a condition with the nitrate of silver; the ulceration will seldom be cured by it, and it can make no impression upon the deeper-seated disease. The writer has practiced deep cauterization, in many cases; in several, he has used the actual cautery, and he has never known any serious accidents to follow. He is always careful, however, to apply the caustic through a tubular speculum, and to sponge off the part, so as to guard against any of the caustic remaining and spreading to the sound parts, after the withdrawal of the speculum. With this precaution he considers it to be as safe to apply caustic to the cervix uteri as to the skin. Much obloquy has been cast upon the speculum on account of alledged abuses of cauterization, and the writer doubts not that there is some foundation for it; for he can easily conceive that the careless or inexpert use of such a potent agent, may produce extensive inflammation and sloughing, followed by unnatural adhesions and contraction of the genital passage. But such consequences are attributable to the awkwardness or ignorance of the operator, and are no more chargeable to the speculum than is the transfixion of the vein in phlebotomy to the lancet. The writer can truly say that no such consequences have ever happened to him or need happen to any one, fit to be trusted with the speculum.

"*Fifthly.* Rest in a recumbent posture, more or less strictly guarded, according to the degree of inflammatory action that exists, is a material adjuvant in the treatment of these cases: and where this cannot be enforced, the disease is greatly prolonged, and may prove altogether ungovernable.

"Exercise, or even the erect or semi-erect position tends in a direct manner, to increase the uterine congestion and aggravate the sufferings of the patient. The writer cannot doubt, from what he has seen, that much mischief is often done by urging the patient to

take exercise, under the fallacious idea that weakness is the sum total of her ailments, and that if she can only be strengthened by air and exercise, all will be well with her.

“So strongly is the imagination of some physicians haunted with the bugbear, weakness, that they will persist in keeping the patient in motion, notwithstanding that every step is a dagger to her. When shall more rational views obtain currency in the profession? How long shall a mere effect engross the attention, while the cause is overlooked?

“The writer was recently consulted in the case of a lady, who suffered greatly from pelvic pains after her second confinement, increased by exercise or the erect position. She had hæmorrhagic discharges from the uterus for several weeks after parturition, with almost daily febrile excitement, intense thirst, loss of appetite, and general debility. The debility unfortunately, absorbed the attention of her medical attendant, and to remedy this, exercise in a carriage was commenced on the eleventh day after her accouchment, and persisted in daily in spite of her remonstrances, extorted by the increase of her suffering, and finally, she was sent away on an excursion in pursuit of the *ignis fatuus*, ‘strength.’ When she returned home, a specular examination was made, and a high degree of inflammatory engorgement of the uterine neck and upper portion of the vagina, with ulceration around the os, was discovered, which had existed doubtless since her delivery.

“*Sixthly.* Although the local treatment is paramount to every thing else the state of the general system must not be overlooked or neglected. If constitutional irritation exist, it must be subdued by appropriate remedies, or if any of the functions are sympathetically deranged, they must be restored to a healthy condition by suitable treatment. In recent cases, some degree of febrile excitement not unfrequently exists, and to allay this, it may be proper to put the patient upon an abstemious regimen, to purge actively every day or every other day, and if there be hardness as well as acceleration of the pulse, general blood-letting may be necessary.

“Dr. Dewees was well aware, though he had not the ocular proof, of the existence of uterine and vaginal inflammation, in many instances of leucorrhœa, which is only another name for the disease we have just been considering, and the success of his treatment was

doubtless attributable to the bleeding and purging he prescribed, rather than to cantharides, which he regarded as a kind of specific. This is fairly to be inferred, from the fact that none of his contemporaries or successors have been as fortunate in the use of cantharides as himself, which can be accounted for only by supposing that they have relied principally upon the specific, to which the multitude are always prone, to the neglect of due attention to the state of the system. It is not intended to be asserted that cantharides is devoid of all remedial virtues in these cases. By its action upon a contiguous and associated viscus, it may exert some beneficial influence upon the genital organs, nevertheless we are persuaded that the antiphlogistics, so vigorously employed by Dr. Dewees, had a large share in extinguishing the disease than had the cantharides pushed ever so often *usque ad stranguriam*.

“In more protracted cases, the general state is characterized by veritable debility, a languid circulation, coldness of the extremities, and impaired digestion and assimilation. Under such circumstances, it will be proper to administer tonics, especially some of the preparations of iron, and to regulate the secretions and excretions by the use of alteratives and purgatives. The selection of these will be governed by the indications of each particular case. As to purgatives, it is necessary to observe that only such of them are admissible as may be required to procure one full alvine evacuation daily, to effect which a pill or two of rhubarb and extract of colocynth, or of rhubarb, aloes and soap, may be taken every night.

“Mercury, iodine, arsenic and antimony, are among the most powerful alteratives, and the indications for the use of remedies of this class may be fulfilled by the various preparations and combinations of these agents.

“As to sarsaparilla, which is so often prescribed, we do not know that we have ever obtained any good from it, even when furnished by the regular apothecary; while sure we are, that the quackish preparations of it, which find their way by the hogshead into the stomachs of our nostrum-loving population, are utterly worthless.”

ART. II.—*On the Use of Chloroform in Puerperal Convulsions.*

By B. FORDYCE BARKER, M. D., Prof. of Midwifery, &c., in the New York Medical College.

In the report of the proceedings of the Medical and Surgical Society, in the April number of this Journal, I observe that the use of chloroform in puerperal convulsions was somewhat discussed. Since December, 1847, (the period when I first commenced the use of anæsthetics,) I have met with fifteen cases of puerperal convulsions. In four of these cases, no anæsthetic agent was used, as the condition of the patient was such that it was deemed inadvisable. Three of them were comatose when I first saw them, and could not be roused from this condition. The fourth occurred after labor, immediately after the delivery of the placenta. It was retained some hours; the physician in attendance was obliged to introduce the hand into the cavity of the uterus in order to extract it. When the placenta was withdrawn, there was a great loss of blood, and the patient almost instantly became convulsed. I saw her in a half hour afterwards, when she had had four convulsions. These were arrested by the use of opium, but the patient died on the 5th day, from metritis. In two cases, sulphuric ether was used as an anæsthetic, one of whom recovered; the other was seized with convulsions in the seventh month of pregnancy, on hearing of the death of a sister from the same cause: when not convulsed, she was furiously maniacal until the ether was used, which entirely arrested both the convulsions and mania. Four days after, she was delivered of a dead fetus. The labor was easy and natural, and unattended by any occurrence of either the convulsions or mania; nor had she any unpleasant symptoms, as I understood from her physician, until the third day after delivery, when she complained of severe pain in her breasts, then of headache, and within an hour after, she again became maniacal. The prejudices of her husband and friends prevented the use of anæsthetic again, and she died on the 8th day after delivery. This case I saw in consultation, and administered the ether; but I did not see her after her confinement. In a third case I attempted to use the ether, but the patient refused to inhale it, her husband became alarmed, and I was obliged to de-

sist. She was bled largely, and tart. antimonii, calomel, croton oil, &c., were relied upon. She also became maniacal after delivery, but eventually recovered. In eight cases of puerperal convulsions, I have used the chloroform, and in all of these, the effects were most happy, the convulsions being entirely controlled by its use. Two occurred in my own practice, the other six I saw in consultation. In four the labor terminated naturally, three children being born alive. The forceps were used in these cases, because the stethoscope indicated danger to the child. One, a shoulder presentation was delivered by turning. All of the mothers recovered. No one, who has not witnessed the total change which the chloroform induces in an eclamptic patient, can conceive with what satisfaction its effects are watched by the practitioner and friends. It is certainly not too much to say, that by no other plan of treatment can such results be gained; and at this day we may be warranted in adding that sufficient experience has already been gained to justify the assertion that the agent is perfectly safe. At least, no authenticated case of death from the use of chloroform in *obstetrics* has been reported.

I suppose it will be admitted by all that a very large majority of cases of puerperal convulsions depends upon sympathetic or functional derangements, and not on organic changes. In a large proportion of the cases of death, autopsy reveals no structural change to explain either the cause of the death, or the cause of the convulsions. And yet from a careful examination of the reports which have been published, I find that 30 per cent. of the cases have proved fatal, which, it must be conceded, is an enormous mortality, fully justifying the horror which an attack inspires, in the mind of both the physician and the friends. Hunter said, that he feared only convulsions and hemorrhage in labor. Mad. Boivin asserts that at the Maternite, under the most skillful and rational treatment, nearly one-half of the cases of convulsions die. Dubois considers convulsions more dangerous than hemorrhage.

The following table will show that the danger has not been greatly magnified:—

	Total.	Before and dur- ing labor.	Recov'd.	Died.	After labor.	Recov'd.	Died.
Moriceau	45	29	13	16	16	11	5
Madam La } Chapelle* }	27	23	16	7	4	2	2
Desjardin	7	5	5	.....	2	2	.....
Velpeau	21	12	8	4	9	5	4
Smellie	10	10	7	3	.....	.....	.....
T. Clarke	19	17	12	5	2	2	.....
Lever	14	12	8	4	2	2	.....
Robert Lee . . .	54	46	31	15	8	7	1
Ramsbotham . .	25	22	14	8	3	3	.....
Collins	30	28	23	5	2	2	.....
McClintock } & Hardy, }	13	10	7	3	3	3	.....
TOTAL	265	214	144	70	51	39	12

Authors have differed as to the comparative mortality of convulsions occurring before and during labor, and those coming on after delivery. Mauriceau, Velpeau, Duges, Nægele, Churchill, Murphy, &c., regard those cases which come on after delivery as much more amenable to treatment than those which occur before and during labor; while Smellie, Astruc, Tissot, Ramsbotham and some others, hold a contrary opinion. The table I have given shows, that 32 per cent. of those cases occurring before and during labor, proved fatal, while only 22 per cent. died where the convulsions came on after delivery.

The limits of this paper preclude the possibility of any discussion of the pathology of this affection. Whatever views are entertained on this point, it will be admitted by all, that whether the exciting causes are emotional, or are from irritation of the uterus, or the stomach, the kidney, or the intestinal canal, and whether these be hyperæmia, anæmia, or toxæmia, the development of this affection depends upon some condition of the nervous system peculiar to the eras

* Mad. La Chapelle reports 67 cases of convulsions in 37,895 labors, but only 27 cases (as in the table) are detailed, as the results stated.

of gestation, parturition, and lactation. Furthermore, it may be considered as settled, that in all cases of convulsions it is the medulla oblongata which is primarily irritated, either directly by certain conditions of the blood, or indirectly from the terminal branches of the spinal nerves of the uterus or some other vital organ. Chloroform overcomes the influence of the cerebro-spinal system first, and then the excito-motor or true spinal system. Thus it may and undoubtedly does allay the irritation which induces the convulsions. In certain cases, but these are rare, the convulsions are at once followed by cerebral congestion, effusion of blood; and here the chloroform will not control the convulsion, if the pressure is upon the medulla oblongata. But from the cases which have been reported by Kite, Fearn, Clifton, Wilson, Chailly, Channing, Metcalfe and others, as well as from my own experience, the conviction is forced upon my mind that we have in anæsthetics a therapeutic agent which will control this fearful complication of labor to an extent not before attained. The number of cases reported is yet too few to form a statistical table of value in determining the relative fatality where chloroform is used, but I fully believe it will be diminished 75 per cent.

I have met with but one case of convulsions occurring after delivery, and that was previous to the introduction of anæsthetics. I am inclined to think that in these cases I should still prefer to rely upon the use of opium, rather than upon chloroform, for reasons which must be sufficiently obvious.

22 West 11th st. May 20th, 1853.

ART. III.—*Pneumonia Treated by Antimony and Potassa.*

Dr. Tyson desired to report to the College two cases of pneumonia, successfully treated by tartrate of antimony and potassa. They were presented as they occurred, somewhat amplified from his notebook.

CASE 1.—Caroline Mary T., aged 15, was attacked with a *double* pneumonia on the 30th September, 1852, the consequence of an unavoidable exposure to a cold rain for several hours. Dr. T. saw

her on the fifth day of the attack. She had then a high fever, flushed cheek, difficulty of respiration in the recumbent posture, a short, sharp cough, without expectoration, and a dull heavy pain," as described by herself, referable to both lungs. The chest, on percussion, was dull and flat over the right lung, and to some extent in the lower lobe of the left lung, and from the upper lobe of this latter alone could a satisfactory resonance be elicited. Auscultation could alone detect the vesicular murmur at this point; the other portion of the left, and the whole of the right lung being marked by the solidification which had already taken place in their parenchymatous structure. The chest was immovable in its lower two-thirds, the intercostals in this space failing to respond to the short hurried movements of the diaphragm. In truth, the patient was breathing from the upper lobe of the left lung; and unless relief was promptly afforded, she must die: the second stage of the disease or solidification of the right lung being complete, and the left beginning in its lower third to assume the same characteristic phenomena. As no time was to be lost, sixteen ounces of blood was at once abstracted, forty leeches ordered to the chest, and six grains of the mild chloride of mercury given, to be assisted in its action subsequently, by a solution of half an ounce of sulphate of magnesia, with thirty drops of the vinous tinct. colchici. After its operation, two grains of the first article named were ordered every third hour throughout the day, until twenty-four additional grains, making half a drachm in all, had been taken. To each dose of the latter was added the one-eighth of a grain of opium. This Dr. T. was induced to do, from the extreme restlessness and want of sleep of the patient, her friends informing him that she had not slept for the previous three days and nights, and also with a view of more speedily inducing the constitutional influence of the calomel, by restraining its purgative tendency on the chylopoietic viscera, and thus promoting its *aplastic* power. At the end of the fourth day, the calomel had begun to produce its peculiar effects, at the same time that the bowels had been several times freely emptied. The fever continued with harsh, dry cough and expectoration of blood in the occasional sputa, with an apparent increase in the pneumonic symptoms, judging from the rational and physical signs. Dyspnœa was greatly augmented by the decubitus,

and no open sound was responsive to percussion in the lower lobe of the left lung, the auscultatory signs being of a negative character in this portion of that side, while the opposite had undergone no improvement. The pneumonia had evidently increased, and Dr. T. feared it would involve the whole of the left lung, and that he should lose his patient; auscultation in the superior lobe of that side indicating tubal respiration and bronchial rhoncus.

In this condition of things, what was to be done: The patient's life was in extreme peril. The calomel and opium had been pushed as far as it was prudent to go, short of ptyalism, but the pneumonic symptoms had steadily advanced. The pulse was of sufficient force to warrant the further abstraction of blood, which it was resolved to accomplish by means of cups, thus gaining the double advantage of depletion and counter-irritation, which this means affords. In conjunction with this, four grains of tartrate of antimony and potassa dissolved in one ounce orange-flower water, was given in teaspoonful doses at intervals of two hours, so that the whole should be then throughout the twenty-four. The first influence of the medicine was, to produce some nausea, with occasional vomiting, though not at all distressing in its effects, occasional diaphoresis, and slight reduction of arterial excitement. On the following day the amount of the salt was increased to two grains, and the quantity thus increased daily till it got up to ten grains; which number were taken in the twenty-four hours, with no other notable result than some slight gastric disturbance, occasional nausea, copious alvine dejections, and free expectoration, the pneumonia steadily declining. From this period the strength of the solution was reduced two grains each day, till but two were given in the twenty-four hours; but now, all the symptoms having so readily improved, its further employment was suspended; the expectoration from being profuse having nearly ceased, and all the other signs evincing a thorough resolution of the disease. What is remarkable, the patient's strength appeared to increase under the daily addition of the tartar emetic, whilst the reduction in force and frequency of the heart's action was most marked and satisfactory. She also rested well, had a daily evacuation, and expressed herself as being refreshed and better each morning. In fact, a favorable change was observable from the commencement of the tartar emetic treatment, and continued progress-

ively till the disease was entirely overcome, and to this article, the other part of the treatment being merely subsidiary and wholly inefficient of itself to accomplish such a result, Dr. T. felt justified in attributing the cure, without which agency a fatal termination must have ensued.

She was under treatment, in all, seventeen days ; with the tartar emetic eight days, having taken forty-six grains.

In the second case, the treatment was varied, by at once having recourse to the tartar emetic after venesection, and its result serves to illustrate, even more forcibly than the former, the influence exerted by this potent agent, in the cure of pneumonia.

CASE II.—Amelia M——, æt. 18, had been ill for several days before the pneumotic symptoms were developed, the consequence of a long ride through the sands of Jersey, in an open carriage, on a cold wet day. Dr. T. was called in on the 1st of November, 1852, when her condition became alarming to her friends, and the characteristic symptoms of pneumonia were most marked. Being an only child, her father, who was the sole surviving parent, had been unwilling to admit her indisposition to be of a serious nature, and only sought advice when alarming and unmistakeable evidences of disease were apparent. These were, short hurried breathing, with a cough almost croupal in its character, partial aphonia, considerable prostration, hot and pungent skin, with a quick and jerking pulse, a slight pleuritic stitch, and a dull heavy pain in the region of each pulmonary space. No sound was responsive to percussion over the right lung, it was perfectly flat throughout the whole structure. In the left, there were crepitant rales over the entire lung, which marked the respiratory murmur, the air as it passed into the bronchial tubes, meeting with a sudden arrest in its course by a short clicking sound, and not at all permeating into the lower lobe of this side, which was flat on percussion.

The patient was at once bled in a full stream, from the arm, to about eighteen ounces, “as a means,” in the language of Laennec, “of allaying for a time the violence of inflammatory action, and giving time for the tartar emetic to act,” which was prescribed in a solution of four grains to the ounce, a teaspoonful to be taken every second hour. At the end of every twenty-four hours, there was some abatement in the dyspnœa, and, with moisture of the skin, a

less distressing feeling prevailed. The decubitus could now be borne without that *persistent* sense of impending suffocation which had rendered the earlier hours of the attack after Dr. T. saw her, a time of deep anxiety and solicitude to her friends. Nausea and vomiting had taken place at intervals, but the sputa had undergone little change, except in quality, being of that tough, tenacious, sanguinolent character, which is usually so marked a feature in this malady. After the second day, Dr. T. continued to increase the quantity of the salt two grains daily, till eight grains were tolerated in the twenty-four hours, with even less gastric disturbance and vomiting, than the first few doses caused when the solution was only half the present strength. By this time all the symptoms had undergone so decided an improvement, expectoration being fully and freely established, that it was deemed judicious to lessen the amount taken, which was done by a daily decrease of two grains till but two were taken in the twenty-hours, when it became unnecessary to continue its exhibition any longer, all the pulmonic symptoms having disappeared.

The catamenia, which was present at the invasion of the disease, ceased, but was restored a few days after its next anticipated recurrence, by the application of leeches to the vulva, followed by warm fomentations to the parts.

Some irritability of the heart's action seemed to call for the administration of digitalis, which in doses of ten drops of the tincture three times a day, along with a solution of bitartrate of potassa, for two or three days, effected a complete removal of this difficulty, and was all the treatment which present indications demanded, or the patient subsequently required.

She was under treatment fifteen days, having taken during the first seven days of that time, thirty-four grains of tartar emetic.

Both these persons continued well, and are at this time in the enjoyment of full health.

Dr. T. added, that in other instances of pneumonia, less grave in their character than the two narrated, he has almost invariably relied upon this salt, premising its employment by judicious depletion. In no case, even when given to very young persons in gradually augmented doses, has its administration resulted in any untoward consequences, or failed to meet his utmost expectations.—*Phil. Transac.*

ART. IV.—*Kousso against Tape-worm.*—*Read before the St. Louis Medical Society.* BY GEORGE ENGELMANN, M. D.

A German lady about twenty-nine years old, of delicate constitution and nervous temperament, but otherwise in good health, soon after her arrival in this country, several years ago, was attacked with certain abdominal and nervous symptoms, which after a while proved to be the effect of a tape-worm. The ethereal extract of the male fern carried off the greatest part of the parasite, without removing the head. The disagreeable symptoms returning after several months, the bark of the root of the pomegranate was exhibited; its action was much more violent, but not so effective as that of the former remedy. The black oxyde of copper, recently recommended, had no effect on the tape-worm, but acted as a poison on the human system. Since then, resort was again had to the male fern, whenever the symptoms appeared to require its exhibition, which was two or three times a year. Forty grains of the extract, made into twenty pills with the powdered root of valerian, always proved an easy and sufficiently active palliative.

The fame of the Abyssinian Kousso having reached here, it was determined to try this remedy. A dose, half an ounce, was procured from New York, and on March 4th, the parasite again having become troublesome, and separate joints having been discharged, the antidote was administered in the manner prescribed. No meal having been taken the evening before, in the morning the Kousso steeped in a pint of boiling water was taken within ten minutes. It proved a rather nauseous dose, not so much from any disagreeable taste as from the quantity of tea and dregs to be swallowed. No evacuation of the bowels supervening, after about three hours a Seidlitz powder produced several copious stools, containing a large quantity of the worm, with its upper head-like end, but apparently without the so-called head; the last evacuation was watery and contained no part of the worm.

Not the least disagreeable symptoms accompanied the action of this mild and efficient medicine. My patient has been entirely relieved so far, but whether a radical cure has been effected, time must show.

The Koussou are the flowers of a tree, common in Abyssinia, known long since as a powerful anthelmintic to the natives, who are more troubled with internal worms, perhaps, than any other people on earth. It is mentioned by all travelers in Abyssinia, from Bruce down to the present Governor of an Abyssinian province, Schimper. The tree has been named after one of them *Brayera Anthelminthica*, and has been known to Botanists these thirty years; but, strange to say, the accounts of its remedial powers had never before attracted the attention of the medical world till, a few years ago, it was introduced into France.

The *Brayera* is a tree nearly related to the rosaceous family of plants, and bears large bunches of white flowers, a little smaller than the flowers of the plumb-tree.

Heretofore these flowers were sent from Paris, in the shape of a coarse powder, and can now be obtained in that form at the drug store of A Leitch & Co.; but now Messrs. Schuetze & Eggers have also the flowers entire, for sale.

The price having been considerably reduced, this valuable remedy will henceforth, no doubt, be employed more extensively, as well as an explorative where a tape-worm is only suspected, as against other intestinal worms.

It has lately been found to be very efficient against that troublesome parasite, the *Ascaris vermicularis*, used internally and especially in injections.

The only objection is the large and disagreeable dose—this I do not doubt, can be obviated by using the strong infusion or infusion-decoction, instead of the powder.—*Med. and Sur. Jour.*

ART. V.—*Tetanic Symptoms from the use of Iodide of Potassium.* By D. P. PHILLIPS, M. D., Passed Assistant Surgeon, U. S. N. (Communicated by PROF. DUNGLISON.)

A case of some singularity having occurred under my own observation, and thinking that it might not be devoid of interest to you, I have concluded briefly to give its history.

Whilst Acting Surgeon of the U. S. Ship *Massachusetts*, a fireman, named J. White, was admitted upon my sick list with rheum-

atism. I ordered the administration of iodide of potassium, grs. viii. ter in die, to be taken before meals in a spoonful of water. Soon after commencing with the remedy (probably the second day) he complained of some uneasiness and stiffness in the jaws; but supposing it to be some trivial affair, I paid but little attention to it. On the next day the difficulty had increased, and I directed frictions with some stimulating liniment; but when I saw him the day after, the jaws were immoveable. Upon careful inquiry, I ascertained that ever since he had been using the iodide he had experienced a burning and uneasy sensation in the cesophagus and stomach. Upon learning this I discontinued the medicine, and ordered counter-irritation over the stomach. In a few days the tetanic symptoms entirely disappeared, and the iodide of potassium was renewed, but diluted in a tumbler half full of water, and given *after* each meal. The patient entirely recovered from rheumatism, and had no return of the trismus. I attributed the unusual symptoms entirely to the use of iodide of potassium in too concentrated a form.—*Med. Exam.*

ART. VI.—*Bite of a Copperhead Snake (Trigonocephalus Contortix) successfully treated with Whiskey.* By Dr. N. MORGAGNE, of Abbeville, South Carolina, relates (*Southern Med. and Surg. Jour.* Feb. 1853) the following case :

“On the 21st of June last, I was called to see a negro man belonging to Capt. P——, of Abbeville district. Found him partially delirious; skin hot and dry; pulse very much excited, ranging from 100 to 120; left leg and ankle swollen to a great degree. Upon making inquiry into the history of this case, I learned that the patient had been bitten about twelve hours previously by a ‘trogoncephalus,’ or, as it is frequently styled in this part of the country, copperhead or highland mockeson. This very poisonous reptile was concealed beneath the step of a meat-house, and inflicted a wound upon the inside of the foot, near the ankle-joint. I immediately applied a ligature above the seat of affection; prescribed poultices over the wound; and olive oil, ammonia, &c., internally.

“22d. The patient is *in statu quo*; no abatement of the swelling, delirious; ordered whiskey, *ad libitum*.

"23d. No decided improvement, still anxious, restless and uneasy; skin hot and dry. Continued the whiskey, combined with capsicum; it was administered until the patient was fully under its influence, without regard to quantity. Left opium to be given if necessary.

"23th. Had passed the "crisis." A profuse perspiration was out over his entire system; the tumefaction was subsiding. the delirium had ceased; he spoke rationally, and speedily convalesced."—*Buffalo Med. Journal.*

PART THIRD.

FOREIGN INTELLIGENCE.

SURGERY.

ART. I.—*On treatment of Ascites, by Intra-peritoneal Injections.*

By M. VELPEAU.

A question of great importance, from its novelty and the limited number of statistical data, which we as yet possess, to test its validity, and cases to which it may be curatively applicable, is the late treatment of ascites by intra-peritoneal injections of iodine. The use of ioduretted injections, first introduced into practice by M. Velpeau, in the treatment of hydrocele, has proved their utility in the removal of serous effusions, and their superiority over various injections; and seems on the eve of becoming generalized as a treatment applicable to all serous effusions of a chronic character. One would *a priori* think, that the startling proposition to inject a fluid so irritant as the tincture of iodine into the cavity lined by so extensive and delicate a membrane as the abdominal, would never be tried; we would at once anticipate, as the direct and inevitable consequence, a general and fatal peritonitis. Yet since facts are beginning to multiply on this subject, although they do not prove the utter harmlessness of the procedure, they demonstrate the radical cure of

cases, wherein all other treatment had failed ; objections, however plausible and urgent they may theoretically appear, must give way to experiments and facts. As a matter of course, this treatment cannot be applicable to all cases ; as yet, statistical observation has not been sufficiently extended to point out accurately those cases to which this mode of treatment might be specially applicable. Ascites being but a symptom, various are the organic lesions of which it is the effect ; diseases of the heart, especially of its right chambers, offering impediments to the ingress of venous blood ; diseases of the liver, particularly those causing atrophy of its tissue, interfering with venous return, as cirrosis ; diseases of the spleen, especially those of a miasmatic nature, the sequelæ of protracted intermittents, and renal diseases ; where the dropsy is a consequence of cardiac and renal disease, it is of a general nature. I do not believe that ascites, the consequence of those organic lesions, can receive any benefit from ioduretted treatment, inasmuch as the cause is usually irremediable and permanent, and therefore so must be the effect. Yet, there are unquestionably cases of ascites, which might be designated simple, as that resulting from general anemia ; that the effect of a peritonitis, acute or sub-acute, where the inflammatory peritoneal action having subsided, the serous effusion yet remains, and that sometimes after all treatment for its relief had proved nugatory. In the former of these cases, where a well tried tonic treatment with chalybeates shall have failed, associated with drastic and saline cathartics and diuretics, the injections of iodine may succeed, as also in ascites, the result of an acute or sub-acute peritonitis ; here inflammatory action may have been completely subdued, and we have to do with its consequences, its effused products. In these cases, as well as in ascites, the result of prolonged and invincible anemia, it would seem, in the generality of cases, that the pathological action which maintains the dropsy, is merely the predominance of exhalation over absorption, there being probably no organic alteration persisting otherwise to account for its continuance ; here I can see from the analogy of its action in hydrocele, that from ioduretted injections, a new action being originated in the peritoneal surface, an impetus is given to absorption, gradually the effused fluid observed, exhalation by the same rests in abeyance, and thus an equilibrium being established between exhalation and absorption, a radical cure is effected. The opinion that the irritant influence of iodine necessarily produces, when injected into the abdominal cavity, an extensive and fatal peri-

tonitis, appears to be more apparent than real. In corroboration of the truth of this statement, I herewith furnish you some interesting facts, taken from published cases, treated in Hotel Dieu, of Lyons, by M. Teissier, one of the attending physicians.

"I have practised," says he, "up to the present time, the intraperitoneal injection of iodine upon six female patients affected with ascites. Of this number, two have been cured; with the third, the result is yet uncertain, because the injection is recent; but there have been no accidents, and the consequences of the injection are to the present moment favorable; with two others, the operation has been *innocent* though *unsuccessful*, the ascites having been reproduced a short time after; with the sixth patient, symptoms of peritonitis rapidly followed, and the patient died in forty-eight hours. In this fatal case I had to do with a young woman twenty-two years old, in the last stage of scrofulous cachexia, and whose case offered no chance of success by any other method. Thus: two patients cured; their ascites having resisted all ordinary means, purgatives, diuretics, vesicatories, mercurial ointment; one patient, result doubtful; one operation perfectly *innocent* but *unsuccessful*; one operation followed by death. I ought to say, in this last operation, it was impossible to make the injection run out, after having been thrown in. The injection in these cases was composed of iodine, iodide of potassium, and water. It appears, then, evident to me, that this operation is destined to render great service, but it will not always be innocent. MM. Gromier and Teissier."

The paragraph which concludes these statistical results of MM. Gromier and Teissier, in my estimation, imports the true appreciation which should be accorded to the use of these injections in cases of confirmed and invincible ascites. In the last case of M. Teissier, the ascites may have been the consequence of a tubercular peritonitis, as he remarks that the patient was in the last stage of scrofulous cachexia, though he makes no mention of this lesion as being the dropsy. These injections of iodine have been successfully used in certain cases of ovarian dropsy, as the unilocular form, and have been advised, as you are aware, in chronic and invincible diseases of joints, particularly in chronic synovitis. I shall not here dwell longer on this subject, as I shall resume its consideration in my next letter, and may then be able to furnish you with some statistical details.—Dr. E. F. Smith, *European Corres. of St. Louis Med. and Surg. Jour.*

ART. II.—*Is not Blood-letting sometimes dangerous in Apoplexy?*

By M. AUSSAGUEL.

THIS question assuredly merits the attention of every practitioner. M. Aussaguel has collected in his inaugural thesis, from which we borrow the extract, a number of facts upon the subject, which demand grave consideration.

“M. Cruveilhier, when he lectures upon the treatment of cerebral hæmorrhage, never fails to say, ‘undoubtedly it is necessary to bleed, but be very circumspect,’ * * and then he relates candidly, that having been sent for to visit a patient in the city, whom he found threatened with an apoplectic attack, he hastened to open a vein; the wound was scarcely closed when the patient was attacked with hemiplegia;” and he adds, ‘the relatives of the patient did not hesitate to say that it was my lancet that had done the mischief.’”

“Since then we have read the thesis of M. Cornil: ‘A woman,’ says he, ‘whom I observed last year in M. Rostan’s ward, was occupied with her household duties, when she experienced, all at once, a loss of power in her left upper and lower extremity. She with difficulty walked to the house of her physician, who bled her immediately. After the venesection, she was unable to rise: she was completely hemiplegic.’

“The following instance came under my observation. A friend came to us, stammering in such a manner, that he required fifteen minutes to make us understand that, the morning of the same day, upon awakening, he was greatly surprised to find himself in this condition. There was slight loss of power in the right arm, and its sensibility was diminished. Dr. Batailhe having been summoned, practised venesection. The next day the stammering had increased, and the patient was copiously bled a second time. Syncope ensued, and the patient revived in fifteen minutes in a state of complete hemiplegia. It is now two years since he was able to utter a word.

“I ask, then, if facts of this kind were numerous, would they not have a kind of accusing eloquence against the employment of blood-letting? and when an impartial witness observes their development, is he not tempted to say, with the relations of M. Cruveilhier’s patient, “it is the lancet that has done this mischief?”

The author afterwards attempts to account for these exceptional cases, and his explanations are not without a certain value.

“What occurs after blood-letting in certain cases of pneumonia? Does not the weak, small pulse, become full, strong, and well developed? Do we not observe an increase in the forces of economy, and is it not generally believed that at that moment another congestive movement toward the lung occurs? Therefore it is to combat the results of blood-letting by blood-letting itself, that M. Bouillaud advises repeated venesection; in other words, the loss of the same quantity of blood is of greater efficacy when it is abstracted by several operations than by one.

“Should we wonder if this were also true for the brain? Why wonder that this organ, inclosed in its unyielding case, engorged with blood, resists the tendency to hæmorrhage for a time, and then yields to it after venesection, the circulation at that moment becoming more active? In other words, are there not two distinct causes operating in the production of apoplexy; the circulating mass and the power which propels it? and does it not seem impossible to diminish the one without increasing the other?

“To diminish the first, without increasing the second, such should be the aim of the practitioner.

“It is with a view to attain this end, that we propose that a vein should never be opened until the head of the patient is elevated, and cold applications are made to it, and the blood is invited to the lower extremities by sinapisms or pediluvia, and the patient has taken some soothing draught, with a few drops of digitalis.”—*Revue Med. Chir. de Malgaigne*; from *Virginia Med. and Surg. Journal*.

ART. III. *Gastrotomy for Intestinal Obstruction.* (Under the care of Mr. HANCOCK in Charing-cross Hospital.)

It occurs, unhappily but too often, that cases of unconquerable obstruction of the bowels are met with in our hospitals; and in casting a retrospective glance at our series of nosocomial reports, we find that we have had to record several cases of this kind. Another instance of intestinal obstruction has just taken place at Charing-cross Hospital, and we hasten to lay before our readers the particulars of the case.

Ann H——, aged 52, single, following the occupation of cook, and residing in Ham Common, was admitted on the 11th of February, 1852, under the care of Mr. Hancock. The patient had enjoyed

very good health until ten months before admission, when she was suddenly seized with a severe pain in the bowels, which latter became much distended, and remained constipated for five days. She was attended by Dr. Hassall, and took various purgative medicines, without effect, up to the fifth day, when an enema was administered through a long tube (which the patient stated was passed some distance into the bowel,) and the same evening a motion was passed. After this she appeared to have improved, and has ever since been obliged to take aperients frequently to keep the bowels open, and has observed that the motions have been getting smaller—that is, long and thin, being at last about the size of her little finger.

About a month before admission, the patient began to suffer much from distention of the bowels, and considerable flatulence, which at times was so inconvenient that she was obliged to lie upon her bed until the flatus passed off. This state of things lasted for about a week, the bowels being at the same time rather constipated. Three weeks before the woman came to the hospital, she became so unwell that she was obliged to give up work and go to bed; and during the whole of that day and night she had violent vomiting and retching. An injection was administered during the day, and a motion passed. Enemata were given several times during the week, with the same effect, the motions consisting of small scybala, the last one having been passed fifteen days before admission. At that time the motions, according to the patient's statement, had assumed the form of pills. Frequent vomiting took place up to the time of admission, when it ceased, and from this time it did not occur after food, but generally after taking any aperient medicine. The matter brought up was yellow, brown or greenish, and had a bitter, sourish taste, the smell not being particularly disagreeable.

The bowels had been much distended, and they were greatly so on admission. At times there was difficulty in passing urine, the latter coming away in small quantities. The patient did not suffer much pain except from borborygmi, which were relieved as soon as the flatus escaped, which at this period always occurred upwards, excepting after an injection, when a little passed downwards. No pain in any particular spot was complained of, excepting from a little distension about the umbilicus. The patient stated that the enemata

did not appear to go beyond a certain point—a little above the crest of the left ilium; and she thought that nearly a quart of injection has been retained at one time. She was bled the night before admission, and had calomel and opium. Mr. Hancock ordered two grains of calomel and a quarter of a grain of opium to be taken every second hour.

Second day: Pulse 108, rather small, but not particularly feeble; tongue furred, brown in the centre and red at the top and sides; surface warm; no perspiration; countenance not at all anxious. The spirits are pretty good, and the woman is tolerably cheerful. She does not sleep very well; appetite very bad; abdomen tympanitic, supple and painless. There is rather a fæcal smell about the patient. Third day: pulse weak, 112; does not feel so well as yesterday, and is very low; is in great pain with flatus. She vomited a small quantity of yellow bitter matter this morning. Tongue more furred; skin cool and dry; urine passed freely.

A consultation was held at two o'clock, and it was decided to give an enema, and meet again at four o'clock. The enema was administered through the tube of a stomach pump, which was introduced in its whole length into the bowel, and about a quart of injection used, as no greater quantity could be employed. It returned, however, almost directly, untinged by fæcal matter, but accompanied by a small quantity of flatus. The temperature of the ward was raised as much as possible, and warmed sheets and towels provided, to cover the patient, should the operation be performed.

Fourth day, four p. m.: Nothing having passed from the bowels, and it being now the seventeenth day since anything had done so, the operation was decided upon, and chloroform administered. As there were not sufficient indications as to the situation of the obstruction, Mr. Hancock determined to commence by an incision in the median line from the umbilicus to the pubis; the intestines, distended by flatus, escaped through this opening, and were immediately covered by warmed towels, to preserve their temperature. The transverse colon being distended, the cause of obstruction was sought beyond, and found, without any difficulty, at the sigmoid flexure, in a portion of the bowel about an inch in length, constricted by a band about half an inch wide, but of so long standing as to have thickened the intestine and obliterate its canal. This band

was divided, but the gut was so changed in structure and compressed, that it was evident the only chance of recovery consisted in opening the colon, and forming an artificial anus above the obstructed point. A transverse incision was therefore carried through the abdominal parietes, from below the umbilicus to the crest of the ilium on the left side, and an opening being made in the colon about an inch in length, the cut edges of the gut were attached by sutures to the margins of the integumentary wound; after which the intestines were returned into the cavity of the abdomen, the wound brought together by sutures, and the patient sent to her bed.

The patient bore the operation very well, her pulse remaining pretty good throughout, and being 126 at its termination. Stimulants were administered two or three times during the operation, which lasted forty minutes from first to last; and a little brandy, with fifteen minims of laudanum, immediately after. Twelve P. M.: Pulse stronger, 126; surface of body cold; a large quantity of faecal matter has passed through the opening; the patient complains greatly of pain in the part incised. Mr. Hancock saw her at nine o'clock, and as she then appeared extremely low, ordered her laudanum and ammonia, in camphor mixture, every four hours. The pain, which was most severe, now became less intense.

First day after the operation, eight A. M.: Mr. Hancock found the patient better; her pulse was fuller; skin warm, and covered with warm perspiration; bowels have acted very copiously during the night through the artificial opening, and the vomiting has ceased; pain has diminished, and the woman has had some sleep. Ten A. M.: not quite so well; pulse more feeble; in other respects much the same. Three P. M.: Much worse; is in great pain; countenance anxious; very restless; upper and lower extremities cold; pupils contracted; tongue dry and parched; pulse cannot be counted; can bear pressure without much increase of suffering. The patient died at a quarter past three o'clock.

No regular post-mortem examination took place, but it was easily ascertained that the obstruction lay principally in the locality which has been mentioned above.—*Lond. Medical Circular*.

ART. VI.—*On Scrofulous and Rheumatic Inflammation of Joints.*

By EDWARD STANLEY, Esq., F. R. S., Surgeon to St. Bartholomew's Hospital.

[Mr. Stanley remarks upon the difference in frequency with which certain joints are attacked by disease, and how exempt others seem to be from the like affections. An example of the former fact may be taken in the hip and knee-joints, and of the latter in the lower jaw, the sterno-clavicular articulation, or the heads of the ribs with the vertebræ. Some explain this by their greater or less exposure to external influences; but this cannot be the case, else why should the hip be more frequently attacked than the ankle-joint? Others say that joints are more susceptible from the activity of their functions; but few joints are more exercised than the lower jaw, and yet are more free from disease. After a few observations on some cases of ankylosis of the lower jaw, he proceeds:]

I now come to the consideration of strumous inflammation of joints, and before proceeding to investigate its phenomena, the following questions demand attention:—1st. What are the circumstances which would lead us to regard the disease as strumous, when brought to the beside of a patient? 2nd. In what condition should we expect to find the structures, viz: the bones, cartilages, and synovial membranes of a joint, provided the disease be strumous? With reference to the first question, I am unacquainted with any local symptom, any precise condition in the affected joint itself, which would enable us at once to decide on its strumous nature. We must look elsewhere. The age and aspect of the patient, the past or present existence of scrofulous disease in other parts, such as enlargement and suppuration of the cervical absorbent glands, strumous ophthalmia, tubercle in the lungs and other organs,—any of these, especially if actually co-existent, would justify us in regarding the disease as scrofulous. Often, indeed, these cases are obscure, and sometimes we are led to a wrong conclusion. The aspect of the patient is delusive, and should not be too much relied upon. Many instances occur in which the patient's appearance seems indicative of the existence of scrofula, whose subsequent progress and favorable recovery prove that such evidence is fallacious.

We have now to answer the second question. What is the state of a joint invaded by strumous disease? The morbid specimen I now exhibit shows the condition of the articular extremity of a bone in an extreme attack of this nature. The end of the bone is softened from absorption of its earthy matter, and its cancelli are filled with tuberculous deposit. It is, however, according to my experience, rare to meet with so complete an example of strumous disease as this specimen furnishes. In the majority of cases, I believe that no tubercular matter is found deposited, and when found, it is only in the last stages of the affection. Such a condition of bone, when it does exist, is, in my opinion, irreparable; and, when the surgeon is summoned to a case exemplifying the disease in this its latest stage, he can do nothing to restore the bone to its natural state, nothing to accomplish a cure. There is, however, an earlier stage in these affections, which you will often have to treat in private, although it is seldom seen in hospital practice—a stage amenable to treatment—a stage in which, generally speaking, the morbid impairment of the bone may be arrested, and its integrity restored. It is characterized by increased heat, and enlargement of the bone, immediately above the joint. There is, indeed, increased vascularity, and low inflammation of the bone, which is quickly followed by expansion of the cancellous texture, and absorption of earthy matter. Ultimately, in bone thus degenerated, tubercle is sometimes deposited. Such then, is the state of a bone in a joint affected by struma. The other structures,—the cartilages, synovial membrane, &c.,—are in a state of low inflammation, which has commenced either in the bone or the synovial membrane itself, and which, if suffered to advance, is followed by its usual consequences—exudation, thickening of the tissues, and sometimes suppuration. Now, the appropriate treatment for an attack of this sort is, perfect rest for the limb, and removal of all weight or pressure from the inflamed joint, so as to insure, as far as possible, its complete tranquillity. If inflammation exists in any activity, the judicious application of leeches will be beneficial; but it should be borne in mind that leeches must not be lavishly employed, as strumous patients cannot stand depletion. The remainder of the treatment is constitutional, and should be directed to the restoration of the general health, if that

has failed ; to its maintenance, if it has not. To this end country air, or, where it is practicable, a resort to the sea-side, should be recommended ; a light, nutritious diet enjoined, and the state of the stomach and bowels carefully attended to. The following particulars of a case which occurred to me some years ago, illustrates forcibly the truth of my observation, that the articular ends of the bones rarely become the seats of tubercular deposition, even in well marked examples of strumous disease.

A boy, ten years old, was under my care for scrofulous enlargement and suppuration of the cervical glands. While in the hospital, hip disease supervened, evidently of strumous character, which ultimately wore out the patient. Examination of the body showed that the joint was disorganized : the soft tissues around were infiltrated with tubercular deposit ; the capsule and articular cartilages partly destroyed by ulceration ; the bone was dislocated on the dorsum illi ; the acetabulum widened, and containing tubercular matter. The mesenteric and other absorbent glands were infiltrated with tubercle. Tubercular ulceration was present in the intestinal canal. However, when a longitudinal section of the head of the femur was made, no tubercular deposit was found in the interior of the bone. Absorption of the earthy matter, and widening of the cancelli, had taken place, but no interstitial tubercle existed.

Not unfrequently disease in the soft tissues around a joint, inflammation and abscess are mistaken for disease inside the joint ; and in some instances, eminent surgeons have amputated limbs under the impression that an irremediable articular affection existed, while, in reality, the exterior tissues alone were involved, the joint itself being sound.

Joints are liable to another form of inflammation, differing from that we have just reviewed—"rheumatic inflammation." Examples of this disease occur generally in combination with rheumatic fever, and are, therefore, more prevalent in the medical than in the surgical wards of the hospital. The diagnosis of articular rheumatism is not usually difficult. When rheumatic fever is present, it is, of course obvious ; but when it is not, the implication of other joints, the cause and symptoms of the attack, and the history of prior rheumatism, will generally guide us to a right decision : the impli-

cation of other joints, because it is extremely rare to find rheumatism affecting one joint only ; it attacks two or three simultaneously, or flies about from one to another ; the cause and symptoms of the attack—because we shall almost invariably find that the patient has been exposed to cold, or dampness, and because muscular pains are generally precursory to the articular inflammation. Rheumatic disease thus induced, is commonly marked by pain in one particular spot ; the patient does not complain of general pain in the joint, but points to one especial locality and describes it as the seat of all his suffering.

Articular rheumatism is, moreover, intractable, leaving one joint and assailing another, or departing and recurring in the same joint. Joints are attacked by rheumatic inflammation in two ways ; either their fibrous structures, their ligaments, suffer, or their synovial membranes. Now, the consequences of rheumatic inflammation of the ligaments may be serious, such, indeed, as may terminate in dislocation of the bones of a joint. For, under its influence, the ligaments become soft and elongated, so as to permit the bone to slip out of the cavity in which it is naturally fixed. In this way the head of the femur may be displaced upwards on the dorsum illi without rupture or ulceration of either the capsula or the ligamentum teres. An example of such an occurrence happened some years ago, in the practice of Mr. Lloyd.

A painter in the enjoyment of average good health, was in the habit each morning of taking a warm bath. After having done so on one occasion, he experienced a pain in the hip-joint ; one of the joints of the fingers also became swollen and inflamed. He consulted a medical man, who gave him hopes of speedy recovery. Nevertheless, he remained in bed five weeks, after which, the pain having subsided, he was told to get up : this he found himself totally unable to do, and, on examination, the limb was found to be shortened and inverted, the head of the bone having been dislocated on the dorsum illi.

A case has also been related to me by Dr. Latham, in which articular rheumatism of long continuance produced dislocation. Some years ago, a young woman was in the hospital, under the care of Mr. Lawrence, suffering from rheumatism in the hip and wrist

joints. She was confined for some time to her bed, and when permitted at length to get up, found that she was lame, and that the lameness grew gradually worse. After a while she experienced a sensation as if the bone slipped from the socket when she walked. On examination, the limb was found of natural length, and its movements complete; rotation, however, was remarkably free; and when the thigh had been flexed on the pelvis, and was then rotated, the head of the bone could be evidently felt to pass over the brim of the acetabulum.

Cases like these illustrate the unusual results of a very common affection, which, although often obstinate and tenacious of existence, generally terminates well, leaving an unimpaired joint behind.

Rheumatic synovitis commonly ends in effusion. Ulceration of the articular cartilages may, however, supervene; and I have witnessed a case in which this condition was set up within nine weeks from the commencement of the attack, so that it was found necessary to amputate the limb. More usually, however, rheumatic synovitis gives rise to ankylosis, such ankylosis as may result from the adhesion of opposite synovial surfaces by effusion of fibrin, and which, as I have explained in an early part of the lecture, is called spurious, in contradistinction to true or osseous ankylosis.

Gonorrhœal rheumatism is a form of the disease occurring in conjunction with gonorrhœa, brought on by exposure to the vicissitudes of weather, and to the development of which, a certain unhealthy constitutional state appears necessary. Unlike ordinary rheumatism, it confines itself to one or two joints, and unshifting, clings to them with remarkable tenacity. It is, in truth, an affection that has long baffled the powers of medical surgery. In many instances the patients appear to recover, but the complaint returns on the slightest exposure, and no permanent cure is effected. There is now under my care, in Lazarus a Pole, suffering from Gonorrhœal rheumatism of the knee joint. In him the disease has yielded for the present to three grain doses of the iodide of potassium, given three times daily; and I am informed that the gonorrhœal discharge, which had become scanty, has reappeared since the mitigation of arterial disease. The best possible termination in these cases—a termination which has ensued in the instance I have mentioned, is serous effusion into

the joint ; for when the fluid is absorbed, it is not unlikely a useful joint may remain. Sometime back, a young man, aged twenty-one, was my patient in the hospital, in consequence of a most acute attack of the rheumatism in the shoulder-joint, following gonorrhœa. Though he was in a reduced state, I ordered him to be bled from the arm ; mercury was administered ; in fact, very active treatment was adopted. Serous effusion in the joint resulted, and within five weeks I had the gratification of seeing him leave the hospital with the functions of the joint in a great measure restored.

We occasionally meet with examples of rheumatic synovitis occurring after parturition, which may originate ankylosis. The affection differs in no shape from ordinary rheumatic synovitis ; but it requires gentle treatment, as the patients attacked by it are generally much debilitated, and frequently suffering from some uterine complication.—*Medical Times and Gaz. Braithwaite's Retrospect.*

ART. V.—*On the Influence of Posture in the treatment of Epilepsy.*
By Dr. MARSHALL HALL.

We have only to raise one hand and arm high above the head, and allow the other to hang down, for a minute or two, and then the hands together and prepare the syncopal condition of the former with the apoplectic condition of the latter, to form an idea of the influence of posture in the treatment of diseases consisting of affections of the circulation, especially that of the head.

I believe ordinary syncope may pass into fatal sinking if the raised posture be continued.

I believe that simple apoplexy may become deeper and deeper, simply from the opposite course of retaining the patient in the recumbent position.

Sleep, which is a sub-apoplexy, may pass into epilepsy or apoplexy, solely from the fact of a recumbent position. As a preventive of epilepsy and apoplexy during sleep, it is of the utmost moment that the patient should habitually repose with the head and shoulders much raised. For this purpose, both bed and mattress should be raised by means of a bed chair, or triangular cushion, and the patient be prevented from gliding down in the bed by means of a firm bolster, four inches in diameter, placed under the sheet, un-

der the front of the ischia. The trunk should be raised to an angle of 45 or 50 degrees.

In this manner the encephalon will be less oppressed with blood, the sleep will be lighter, this predisposition to epilepsy or apoplexy will be diminished.

This should be the patient's habit during the rest of life.

There are two circumstances in which attention to posture is most important.

The first is the condition of the patient after certain fits of epilepsy, the respiration being impeded by *rattles* in the throat. The posture should be much raised ; but, besides this, it should not be such that the saliva may *fall* into the fauces. The stupor and insensibility prevent the patient from swallowing. The saliva, therefore, if a just position be not adopted, accumulates and falls into the fauces, and a throat-rattle and dyspnoea, painful to witness, and dangerous to life, are the consequence. The posture of the patient should be such as to allow the saliva to flow out of the corner of the mouth. In one case such a change of posture relieved the patient immediately.

The second case requiring extreme attention to the posture of the patient is that of *Syncopal Epilepsy*, or that form of epilepsy in which there is ghastly pallor of the countenance and other signs of syncopal affection. The patient should be placed with the head *low*. If this be not done, the syncope may be speedily fatal, an event which actually occurred in an interesting case a few days only ago.

The patient was no other than Ann Ross, on whom Mr. Anderson had performed the operation of tracheotomy. Her fits had changed from those of the *epilepsia laryngia* to the abortive form. The reader may remember that the patient's age was thirty-six ; that her case was hereditary, her father having been epileptic ; and inveterate, her fits having occurred during twenty-four years ; and that she herself was thin and pallid. She was seized with syncopal epilepsy ; was left ; and was at length found to have expired. A low position and proper attention might have saved the poor creature's life.

I need scarcely observe, that what I have said of epilepsy applies to many other diseases. It is the *principle* of position which I wish to enforce ; a principle, the importance of which I believe to be still greater and still more extensive in application than is generally imagined.—*London Lancet*.

ART. VI.—*Iodine Injection of the Joints.* By M. VALPEAU.

Amongst the affections of the joints, effusion into them is a very common affection, but is only serious as a symptom of the disease which accompanies it. When it occurs as a serious interarticular effusion, without any marked material lesion, recent hydrops articuli is easily cured by rest, bleeding, and topical applications, such as solutions containing muriate of ammonia or chloride of sodium. When the effusion resists these means, M. Velpeau applies a large flying blister, repeated every fifteen days, and then uses frictions with mercurial or iodide of lead ointment (the latter being preferable to the iodide of potash,) aided by compression, the administration of calomel in small doses, and especially rest. There is another remedy now used—namely, the injection of tincture of iodine. M. Velpeau has only tried it twice this year; but from these two cases, it is plain that the injection thus used is neither very painful nor dangerous, and that when thus cured, the joint is not ankylosed. In one very bad case particularly, the injection was not more painful than when used for the cure of hydrocele, and succeeded where the other means referred to had failed. It is necessary that the treatment by iodine injection should be more generally known, as it is not usually practised. The two points which deter surgeons from using it are, the fear of throwing an irritating fluid into a large joint, and of ankylosis taking place in case of success.

Now, both these dangers are imaginary. There is no previous incision, but a simple puncture made. Since 1839, M. Velpeau has used this plan twenty-five times, M. Bonnet perhaps as often, so that with cases of the same kind, related by Berard, and since by M. Jobert, Malgaigne, and other surgeons, there are more than one hundred cases of these joints having been punctured and treated by the iodine injection, and none of the patients have had any unfavorable symptom. The swelling, with slight redness, which appears after the operation, only shows that a natural process is going on, such as takes place in a hydrocele, and is resolved without the application of leeches, &c.

As to the danger of ankylosis, it is equally imaginary. M. Velpeau has seen these patients long after the operation, and in all the movements of the joints were preserved. It is, in fact, in these cases, as in hydrocele, the cure can be effected without the obliteration

tion of the serous sac ; or if adhesions do take place, they yield after a time, and the function of the joint is restored, so that this is no serious objection ; and, as on the other hand, there is complete cure in one-half the cases, and very marked amelioration in the other, it is to be concluded that the iodine injection, under such circumstances, when as yet there is no induration, is suitable, and the more so, as its use does not prevent that of other accessory means of cure.—*Dublin Med. Press, from Presse Medicale de Belge.*

PATHOLOGY.

ART. VII.—*On the Seat of Pulmonary Tubercle.* By EDWARD H. SIEVERING, M. D., F. R. C. P., Assistant Physician to St. Mary's Hospital.

Morbid anatomists have hitherto failed in demonstrating with certainty the exact seat of pulmonary tubercle ; and the statements of various observers with regard to the intra-vesicular or interstitial character of the deposit have been made more according to the theoretical bias by which they were influenced, than from actual observation. So close and accurate a pathologist as Hasse* admits that the exact seat of tubercles within the lungs has not yet been determined, in spite of the numerous researches hitherto made. Those in any way acquainted with the difficulties that interfere with the microscopic examination of the pulmonary parenchyma in its normal or morbid condition, will understand the cause of this. In health the amount of air-bubbles obscures our view, and the manipulation necessary to remove them alters the textures. In disease the air-bubbles still interfere ; or where there is much congestion, or some material change, such as exudation, the confusion of the tissues and the opacity of the deposit create new impediments. In a great number of microscopic examinations of lungs containing tubercular deposit, we have been fortunate enough to obtain—we may say accidentally—sections which, examined by a low power, varying from 20 to 60 diameters, satisfactorily and distinctly exhibited the intravesicular character of the deposit. It was taken from a child

*Pathological Anatomy, Sydenham Society's edition, p. 328.

in whom an attack of tuberculization of the lungs supervened upon rheumatic heart-disease and central cerebral softening. Both lungs were studded equally from the apices to the base with miliary tubercles of a translucent appearance, and of the size of an ordinary pin's head. Under a power of 20 diameters, the termination of a minute bronchus was seen, from which, at regular intervals, small offsets were given off, terminating in the semi-opaque bluish tubercular nodule, encircled by the basement membrane of the vesicle. The brighter hue of the bronchule and its ultimate offset, with the sharp line of their coats, admitted of no doubt of their character, as little of the continuity of their channel with what had been a pulmonary vesicle. The outline of the latter was obscured by what we have rarely failed to observe accompanying the deposition of tubercular matter, of whatever hue or character—a ring of exudation-corpuscles. The arrangement of the miliary deposit on the bronchule bore a close resemblance to that presented by a bunch of currants. Another examination was made of a more advanced case of tubercular deposit in the lungs, occurring in an omnibus driver, aged 60, who had been ill six weeks, and occupying the greater part of both lungs. There was a large cavity in the right apex; the left apex presenting a remarkable freedom from deposit, though the remainder of this lung was extensively affected. There was also fatty degeneration of the heart, atheromatous thickening of the aorta, and intensely fatty liver. At the first inspection, the tissue intervening between the tubercular matter—which belonged to the aggregated variety, and presented a grey, opaque appearance from retaining its crepitant character, and only exhibiting a florid hue—was set down as not inflamed. Under the microscope it was found to be replete with exudation-corpuscles, showing the (inflammatory) molecular disintegration which was in active progress. A section was obtained in which—besides numerous small tubercular deposits, more or less invested by exudation-corpuscles, and surrounded by the the inter-vesicular textures, in which the blood-vessels were seen freely ramifying—one air-vessel was detected containing the tubercular matter. The opaque character of the contents distinguished it clearly from the normal tissues, while the sharp outline of the vesicle and of the bronchule, with its open mouth facing the observer, showed its rela-

tion to the air-tubes. The air-vesicle was noted to be surrounded with a light ring, like a halo, for which no explanation is offered. In the the minutes of the observation it is stated : "I was fortunate in seeing the bronchule of one vesicle ; the walls of the duct were seen continuous with the vesicle, which was lined by exudation-corpuscles and cells." In both the instances detailed, the tubercular matter filled (and undoubtedly also distended) the air-vesicles completely ; the deposit ceased abruptly at the orifice of the terminal bronchule, and lay in the sheath formed by the basement-membrane of the vesicle, as a well-clipped bullet fills its mould.

The third illustration exhibits the changes produced by a more advanced degree of deposit than either of the former, while it also serves to prove the intra-vesicular seat of pulmonary tubercle. The specimen was taken from an individual whose lungs were the seat of extensive deposition of crude yellow tubercle. Fine sections exhibited a botryoidal arrangement, in which the bronchule leading to the diseased cells was patulous at its distal end, while as it approached the tubercular mass it became obliterated, and terminated in a mere cord drawn out to a point. The cells, from the mutual pressure exerted by the gradual increase of deposit, and the consequent obliteration of the interstitial parenchyma, had assumed a polygonal shape, in which, besides the tubercular matter, nothing but the vesicular coats remained to mark their individuality. Little was wanting to cause the destruction of these slight septa, and the whole would then be converted into one mass, subject to those ulterior metamorphoses that tubercle is liable to.

Our limits will not permit us to treat the various important considerations that suggest themselves in connection with these matters more in detail at present ; but it is hoped that the above positive observations will be acceptable to the profession, as much uncertainty yet prevails in our views, not only regarding pulmonary tubercle, but the actually healthy anatomy of the lungs. We cannot, however, dismiss the subject without observing, that while we are not prepared to assert that tubercular deposit in the lungs is never interstitial, we are inclined to believe that it is never primarily so ; and our investigations have led us to believe, independently of any preconceived theory, that it is never effected without those local or

molecular changes in the vascular system which are characteristic of inflammatory action, marked, on the one hand, by enlargement and congestion of the small vessels, on the other, by formation of exudative matter in the shape of aggregation corpuscles, or definite exudation-cells. But while we find these forms surrounding the tubercular deposit, they are in no way identical with it. Much confusion has arisen from using the various terms of microscopic nomenclature without a sufficient reference to definite characters, and we are of opinion that many of the views of distinguished observers, apparently at variance, with regard to the nature of tubercle, might be reconciled to one another, and to the real phenomena that present themselves. We must distinguish first between the crasis, or diathesis, or constitutional habit, that offers a tendency to tubercular deposit, and the local affection itself; secondly, in the analysis of the local affection, we have to separate the process and the accompanying phenomena, from its result—the deposit, effusion or exudation of tubercular matter. We have above stated the process as we have observed it, to be one allied to inflammation; we have, in all stages of the deposit, from the most recent to those of olden date in which a clear view was obtainable, seen the air-vesicle of the lung that was filled with tubercle, surrounded or invested by exudation-corpuscles, either mere aggregations of glistening molecules in a globular form, or advanced to the organization of cells, filled with the same molecules. When seen in the tissues, or detached from them and mixed up with tubercle, they preserve their identity, and no skill is required to recognise them; they differ from other objects that present themselves in microscopic pathology sufficiently to justify a definite appellation. The tubercular matter itself, after its elimination from the blood-vessels, undergoes a series of changes, which vary in their complications, or in their rapidity, according to the habit of the individual. It is easier to say what it is not than what it is: it is not a plastic material; it is not a growth; it is not the manifestation of a depraved germinating power, superadded as it were upon the normal energies of the system, or taking their place, such as we find to be the character of malignant disease; nor, on the other hand, is it identical with the effusions of blood-constituents which result from an exaltation of the normal energies

and continue in possession of their vitality, by which they are susceptible of organization. The changes themselves bear a close resemblance, on the one hand, to crystalization; on the other, to chemical metamorphoses. In the most recent form, we meet with tubercle as a finely granular blastema, in which there is a faint aggregation into circular forms. These forms next become more definite, exhibit a granulated surface, and predominate over the mere granular matter in which they are imbedded. As the process of aggregation increases, the tubercle-corpuscles exert some mutual pressure, and their form is rendered slightly angular, while they vary in size from $\frac{1}{5000}$ to $\frac{3}{5000}$ of an inch; at the same time there is an elimination of oily molecules, highly refracting particles, as they are commonly called. A chemical disintegration thus seems to manifest itself, and we have a new microscopic feature superadded upon those previously observed.

When the process of obsolescence ensues, the microscopic characters vary with the predominant features of the changes; the process is of softening and parenchymatous fusion necessarily induce another series of changes; in neither, however, do we meet with anything like endogenous or independent development. The aplastic character of the tubercular product is maintained to the last. Epithelial forms and normal epithelium constantly occur in tubercular deposits; but never otherwise than as the cast-off tissue of the organ; and we are as little inclined to regard it as an essential constituent of the morbid product, as we should a portion of the elastic fibre, derived from the broken-up lung tissue which we meet with in a cavity. To this class we would refer all nucleated cells found in tubercle; and though we may not set down all non-nucleated corpuscles contained in morbid products as tubercular, we may, with Lebert, pronounce the tubercular corpuscle to be characterized by the absence of a nucleus. While the various products derived from the blood often pass into one another, both in regard to their chemical constitution, and the forms which they put on, observation teaches us the importance of recognizing distinct types, not as a matter of theoretic wisdom, but as a natural fact; and though we are not at liberty to expatiate more fully on the subject at present, we venture to conclude, that the local manifestations of the tubercular diathesis are not exempt from the general law.

PHYSIOLOGY.

ART. VIII.—*Development of the Liver.*

The most recent researches make it more than probable that the opinions hitherto received with regard to the mode of development of the liver, were in some important particulars quite erroneous. It was very generally believed that the rudimentary liver originated by an offset from the embryonic intestinal tube. Reichart, however, described the liver of the embryo frog as being formed by the anterior mass of the yolk, which is contained in the abdominal cavity, becoming isolated from the rest of that substance, and constituting an independent body. Hanfield Jones also has observed similar appearances. The order of development observed by him in the frog was, that a portion of the common yolk-substance contained in the abdomen, was set apart for the development of the liver, this occurrence taking place at the same time that the intestine is beginning to be formed; the first rudiment of the efferent apparatus is the gall-bladder, the ducts being subsequently formed, both being at first in a solid condition. In the chick he has observed the intestine to be formed by the constriction of the central transparent portion of the germinal membrane, which seems to be a homogenous membranous expanse, not composed of cells, and covered only with oil-drops, whilst the rest of the germinal membrane, with which it is continuous, is covered by adherent yolk-cells, and overspread with ramifications of the omphalo-mesaraic vessels. When the constriction of the germinal membrane takes place, two tracts of oily matter appear, which pass the one backward, the other forward; the latter runs towards a quantity of blastema situated behind the heart, which is the rudiment of the liver; and which, up to the ninth or tenth day, has no connexion by ducts with the intestine. About the eleventh day, the parenchyma of the liver was found to consist of nuclei, cells, amorphous, and abundant oily matter; here and there bright yellow particles, which were doubtless biliary matter. The development of the pancreas was found to be very similar, and the author believes the same plan will be found to be followed in all the glands; these organs, first consisting of blastematous matter, imbedding

nuclei and myriads of granular globules, clustered over with oily molecules. This view is opposed to that of several distinguished physiologists. Bischoff mentions that the mammalian liver originates by an intestinal protrusion.

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—ATLAS OF PATHOLOGICAL HISTOLOGY. By Dr. Gottlieb Gluge, Professor of Physiology and Pathological Anatomy, in the University of Bruxelles; Member of the Royal Academy, &c. Translated from the German, by Joseph Leidy, M. D., Prof. of Anatomy in the University of Pennsylvania, etc., etc., with three hundred and twenty figures, plain and colored, on twelve copper-plate engravings. 4to.; pp. 100. Philadelphia: Blanchard & Lea. 1853.

This work, done up in a quarto form, is one of no inconsiderable merit. The author is well known to the profession everywhere, and is a guarantee that it is what it should be. The subject-matter of the work—Pathological Histology—is profoundly interesting, and is now, for the first, being unfolded in all its intricacies and beauty. In fact, Pathology cannot be investigated to its ultimatum, without the microscope. The changes from the normal to the abnormal—from the healthy to the morbid—of course begins in the *blastema*, with the *nuclei*, and with the *cell*. These, no unassisted eye can reach; and therefore, their view requires artificial magnifying power. Their perfect understanding, without the aid of learned works, requires a life of study, and a great familiarity with the lens. Many men of exalted abilities are now devoting themselves to histological investigations, and the fruits of their labors are making their appearance in the form of erudite works, highly and beautifully embellished with illustrations of rare merit. The work of Dr. Gluge is very systematic and scientific, and his style is clear

and sufficiently concise. Prof. Leidy, of Philadelphia, extensively known for his contributions to Histology, is the editor of the work. This fact alone is to us a high commendation of the book, and still further, Blanchard & Lea are its publishers.

For sale by J. H. Riley & Co.

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- 2.—ELEMENTS OF HEALTH AND PRINCIPLES OF FEMALE HYGIENE.
By E. J. Tilt, M. D., Senior Physician to the Paddington General Dispensary and Lying-in Charity, and to the Paddington Free Dispensary for Diseases of Women and Children. 12mo.; pp. 421.
Philadelphia: Lindsay and Blaskiston. 1853.

The scope of the work whose title page is above, will be seen in the following preface :

“Following in the footsteps of Drs. James Johnson, Andrew Combe, A. T. Thompson, Mayo and Southwood Smith, we have added another volume to the popular works on health; but with this difference—that while our distinguished predecessors have had principally in view the health and diseases of Man, we have devoted our chief attention to the constitution and affections which are peculiar to Woman.”

To give the reader a clue to the style of the author, and the manner in which he treats important subjects connected with the education and welfare of woman, we make a few extracts. Among them is the following, a touch at *Bloomerism*, while discussing the subject of *clothing* :

“Those suffering from disordered uterine action, have also generally derived marked benefit from the adoption of drawers, a circumstance easily accounted for by the additional warm atmosphere in which the body is continually encased. Unless the constitution, however, be peculiarly weak, we should not recommend the drawers to be made of flannel, but of fine calico, and they need not descend much below the knees. Thus understood, the adoption of drawers will doubtless become more general in this country, as being worn without the knowledge of the general observer, they will be robbed of the prejudice usually attached to an appendage deemed masculine. From drawers to trowsers the distance was never great; so,

perhaps, some of our readers may ask, 'Should not, then, the costume worn in childhood be retained?' To this we at once reply in the negative. The usual dress of English women requires no such modification, either for health or grace. As it is it imparts warmth, comfort and elegance. But besides imparting warmth to the body, dress has its undoubted effect over the imagination and conduct of the wearer; and in assuming our costume, there would be a great likelihood of women assuming our masculine manners, which would not enhance their charms. It is, therefore, important, that there should be a different costume for the girl and the woman, in order that on quitting the one for the other, girls should feel that they are promoted in society, and that therefore more is expected of them. Far, then, from advocating Bloomerism, we consider it has justly met with the failure it deserved; and for other particulars respecting this great feminine bubble of 1851, we must recommend our fair readers to the authority of 'Punch.'

"When, however, girls are promoted to the dignified 'long clothes' of womanhood, there should be a clear understanding as regards what they are to do with them when walking in the muddy streets of London, or in the equally clogging lanes of the country. In other words: as 173 days out of the 365 of the year, are in London wet under foot, what is then to be done with the long petticoats and dress? In respect to walking, ladies may be divided into three classes:

I. Those who never raise the dress, but walk through thick and thin, with real or affected indifference to mud. These are generally country ladies who have never been abroad, and but little in town.

II. Those who raise the dress, but allow the mass of underclothes, like mud-carts in Regent-street, to collect the mud and beat up to the middle of the leg. This class is the most common.

III. Those chosen few, who, without offending the rules of modesty, which of course must take precedence of all others, know how to raise both dress and petticoats, so as to protect both.

Is there any thing indecent in showing a neatly dressed ankle? or, to view it in another light, is economy no object? Is it immaterial whether a dress be spoiled or not, whenever it is worn out walking? for nothing succeeds better in ruining a dress than mud,

especially feruginous London mud. But supposing economy be no object, what are we to say of health? How many of our fair readers have caught colds, or some serious disorder of the monthly function, from remaining for hours with a mass of wet clothes wrapped around the feet and legs, eventually leading them to the determination never to walk out unless there be no chance of soiling their boots—thus again undermining health by close confinement; and by following an absurd species of false delicacy, fostered by a mother, who, while condemning the appearance of a narrow line of white above the boot in the morning, will take her daughter at night to the Opera, and teach her to admire the grace, the poetry, and display of a set of semi-naked women. This, however, is but one of many educational absurdities.”

Read what Dr. Tilt says about “stays:”

“Philosophers, milliners, and medical men have given much attention to the dress of women; but the little philosophers know about the operations of the human mind does not qualify them to give an opinion upon dress; and as dress-makers have not given themselves the trouble to study the form of the object given them to fit, medical men are alone competent to understand and decide upon this matter. This is our excuse for offering a few remarks upon the subject.

“The stays are the basis of feminine attire. Most of the other habiliments are fastened to them, and to a great extent they govern the shape and appearance of the rest of the dress.

“To point to the unirritable females of warmer climates, who are accustomed to go with very little clothing, or to the strong, hardy peasants of our own country, and say that because they wear no stays, the women of our present—of our London civilization, are to do the same, seems to us unreasonable; for when once the body has taken its full set, we see no objection to women wearing rationally constructed stays; indeed, so long as the dresses are made tight and full of bones, after the present fashion, those who do not wear stays will equally experience the evil effects attributed to them. Badly constructed stays, however—those not made to fit the body—from the undue pressure of some parts, help to produce spinal curvature.

“As to tight-lacing, one is at first sight at a loss to understand

the origin and prevalence of a plan which must be rather uncomfortable than otherwise ; but a little consideration shows us that it must have originated in the final cause of woman, who is instinctively anxious to set off her personal attractions by establishing as strong a contrast as possible between the girlish waist and a breadth of hip promising the avoidance of many of the perils of maternity. Such seems to us the cause of that fashion which leads women to mar one of God's most beautiful works, for tight-lacing also interferes with beauty. The Arab says, 'There is no gain in amending the ways of God ;', and none of the models of feminine beauty handed down from antiquity, show any approach to the spider-waist. We are, however, aware that many a young lady will appeal from this decision of olden time to the hour-glass examples of female beauty sent to her every month in the 'Ladies' Companion.'"

The following passages, upon the consequences of abortion and miscarriage, whether intentionally or accidentally produced, are of thrilling interest, and may be read with profit by all :

" 'Homo est qui futuris sit,' says Tertullian ; that is to say, the vital principle does not make us by shreds or patches, but casts us at once ; and the moment the human germ is vivified, many physiologists believe it to be stamped male or female, as effectually as the coin is marked by the die that gives it its value. It is not only made man or woman, but it is impressed with some of those multitudinous peculiarities which will ever after distinguish it from millions of similar beings ; so that while the vulgar make so little of life, the philosopher cannot contemplate, without feelings of awe, the possible future of this germ. Will it one day grasp an empire in its clutches, and scatter desolation over the world ? Will it reveal the still hidden mysteries of the creation, setting with fresh gems the fair coronet of science ? Will it, although lowly born, and very poor, find in the inexhaustible treasury of its charity wherewith to minister to the wants of thousands of miserable beings ? In each living germ the philosopher sees,—*in potentia*,—a Vincent de Paul, a Newton, a Napoleon.

" We talk about the moral darkness of distant nations ; we describe, in glowing terms, the horrors of infanticide, as practised in China ; we boast of the light of Christianity shining upon us, and

too often even among ourselves, is the moral principle blind to a clear perception of the respect due to the living creature. There are many young married ladies, who, not knowing how, childlike, to repose on the wisdom of Providence, dread having children. They are fearful of being subjected to pain, incumbrance, and expense; and whenever the monthly flow does not appear at its appointed time, they take violent purgatives, and fatigue themselves by exercise, in the endeavor to bring it on. Far is it from our intention to assert that those who follow so wrong a course have not been virtuously educated; they are merely unconscious of doing wrong, and would be horror-struck at being told that their act is one which admits of no other term than that of murder. It is, then, their mother's fault, for not explaining to them that it is just as sinful deliberately to destroy that which has received life, as to murder one of their grown-up fellow-creatures. How justly has it been written by a pen more eloquent than mine, "that to extinguish the first spark of life is a crime of the same nature, both against our Maker and society, as to destroy an infant, a child, or a man; these regular and successive stages of existence being the ordinances of God, subject alone to his Divine will, and appointed by sovereign wisdom and goodness as the exclusive means of preserving the race."

As our space will only admit of the foregoing bibliographical notice, we must conclude by recommending the work in the highest terms to those who wish to pay special attention to female hygiene. So far as books are concerned, we have already enough and too many, on this and kindred subjects, but they are unworthy the consideration of the profession or the public. They were written by men entirely unknown and unacknowledged, for unworthy catch-penny purposes. The volume before us is the very first that has been announced from the pen of a man of exalted professional character and standing. Dr. Tilt has had very extensive opportunities, and has by his medical writings and contributions to hygiene, acquired an enviable reputation at home in London, and on the continent, and in America. This work should not only be purchased and read by practitioners of medicine, but by intelligent females,

whose interest and duty it is to preserve their own health, and to confer upon their offspring a healthy constitution.

The work is published in elegant form by Lindsay & Blakiston, and for sale by J. H. Riley & Co.

3.—THE STUDENT AND THE ARTISAN.—Those who are preparing for Universities, and those who have entered upon business pursuits, will find this work a convenient and valuable aid in obtaining a knowledge of the elements of physics.

The labors of the educator will also be facilitated by this most exgetical compend of physical and astronomical science.

4.—HAND-BOOKS OF HEAT, MAGNETISM, COMMON ELECTRICITY, AND VOLTAIC ELECTRICITY. By Dionysius Lardner, D. C. L., former Professor of Natural Philosophy and Astrology in University College, London. Illustrated with upwards of two hundred engravings on wood. Philadelphia: Blanchard & Lea. 1853.

The first and second courses only of this work have been published. The third embracing Astronomy and Meteorology, will be eagerly looked for.

5.—The following books have for some time been accumulating upon our table. The pressure of professional engagements prevents us doing little more than to make respectful allusions to them.

First Report of the Surgeons of the New York Ophthalmic Hospital, with the Address of the Hon. C. S. Woodhull, for the year 1852. Drs. D. L. Rogers and Mark Stephenson are the Surgeons. In the institution, which is one of pure charity, 444 patients were received and treated, between May 25, 1852, and Jan. 1, 1853. The commencement augurs a prosperous and beneficent career. We wish it every success.

Professor Haston's Introductory Lecture, delivered in Jefferson Medical College, Philadelphia, Oct. 12, 1852. This is a very ex-

cellent address, devoted to the consideration of medical education, and the condition of medical schools in the United States. It is appropriate to these times of croaking and spirit of complaining on the part of the "outs" against the "ins."

A Review of the Report of a Committee of the A. M. Association, on the Permanent Cure of Reducible Hernia or Rupture. By Geo. Heaton, M. D., of Boston. (From the author.) We have read this Review with pleasure and profit. The profession is under obligations to Dr. H. for his *expose* upon this important subject.

Professional Reminiscences of Foreign Travel. By W. Channing, M. D., of Boston. (From the Author.) Prof. Channing has given us a most interesting account of his travels through Europe. Those who are favored with a perusal of these beautiful reminiscences, will scarcely avoid an intense desire to realize by actual observation the pleasures enjoyed by their reputed author.

VALEDICTORY ADDRESS to the Graduating Class of the Rush Medical College, for 1852—3. By N. S. Davis, M. D., Professor, &c., (From the author.) Prof. Davis always writes ably. In this Address he has done credit to himself and the Institution in which he is a distinguished teacher.

THE INCENTIVES, MEANS AND REWARDS OF STUDY.—An introductory address, delivered at the opening of the 33d Annual Course of Lectures in the *Medical College of Ohio*, Nov. 1, 1852. By L. M. Lawson, M. D. This address bears upon its pages evidence of erudition and much thought. Its style is elevated and graceful, and exhibits the traces of an able writer. The theme is one of profound interest, and could not have been more ably and learnedly discussed, than it has been by Prof. Lawson.

PROF. BOWLING'S INTRODUCTORY LECTURE.—Before the Medical Class of *Nashville University*, Nov. 1, 1852. This address, we think, is quite characteristic of its eccentric author. We are not inclined to criticise the literary efforts of our brethren, but we think Prof. Bowling would have succeeded better if he had urged the claims of his school with a little more modesty. With him, Nashville is the

centre of the world—the only isthmus between the East, West, North and South, and the only place where students can be thoroughly qualified to practice their profession, particularly at the South. The chairs of this school are all filled by the ablest men in the Union, and the opportunities for acquiring a medical education are as great, at least, in this as in any other school on this or any other continent!! Parker, Gross and Mott, Fergusson, Syme and Velpeau, will feel decidedly small when they find themselves and their hospitals a little lower than the professors and extensive *charities* of this *to be* renowned city of Nashville. And we *small fry*, away out in the West, what will become of us? The scenes of Salt River are already staring us in the face. Baring these few defects and a few strides in grammar, wherein *petticoats* are applied to the medical profession, &c., we confess that the address of Dr. Bowling is a good one. Some excellent remarks are made upon the subject of exercise for students, which should be read by all. We hope Prof. Bowling will take these few remarks in the same spirit in which they are made—in the utmost kindness.

REMARKS ON OSTEO-ANEURISM.—With a case involving the condyles of the femur. By J. M. Carnochan, M. D., with two plates.

ELEPHANTIASIS ARABUM—OF THE RIGHT INFERIOR EXTREMITY.—Successfully treated by ligatures of the femoral artery. By J. M. Carnochan, M. D., Prof. of Surgery &c., in New York Medical College, with a plate.

In the management of the above cases, Professor Carnochan has exhibited great skill and boldness. He has already won laurels which would do honor to the oldest surgeons in our profession.

THE CLAIMS OF THE MEDICAL PROFESSION.—The Annual Address delivered before the N. Y. State Medical Society and Members of the Legislature, Feb., 1853. By A. M. Clark, M. D., President of the Society, &c. &c.

An excellent address, worthy of the man who delivered it and the audience who listened to it.

TWENTIETH ANNUAL REPORT OF THE MANAGERS OF THE PENNSYLVANIA INSTITUTION FOR THE BLIND.—Wm. Chapin Esq., who is

Superintendent of this Institution, was, as many will remember, formerly Superintendent of the Ohio Institution for the Blind. The latter prospered beyond any period of its history since his administration, and would doubtless have become one of the most flourishing Asylums in the United States, had not the vengeance of party politics driven from our State the best man that ever graced our benevolent institutions. We congratulate Mr. Chapin upon his success, and the people of Pennsylvania upon their good fortune in securing so able a Superintendent.

TWENTY-SEVENTH ANNUAL REPORT of the Board of Managers of the Prison Discipline Society of Boston, May, 1852.


PART FIFTH.

EDITORIAL AND MISCELLANY.

A Word to Patrons.

The present Number closes the Fifth Volume of our Journal. An extra number of copies having been stricken off, we take the liberty to send them to professional gentlemen in different parts of the country whose names have been placed in our possession, but who are not as yet our patrons. To sustain our Journal, we have passed through five years of toil, embarrassment and no little anxiety. Its editorial responsibilities were assumed while it was deeply in debt, and we entirely unprepared for them. We did this to save the Journal from an untimely grave, when there was no one else to come to the rescue. From the *beginning*, while it was under the editorial charge of J. Butterfield, we were pecuniarily and professionally interested in its permanency and success; and, as we had at an early age erased *failure* from our vocabulary of words, we resolved with an oath that it should not die merely from starvation. In its management, while we have remembered our friends with grateful emotions, and treated them with cordiality and mutual

kindness, we have not failed to treat our enemies with politeness and due consideration. Not a single personality has been allowed. A "Doctor's quarrel" is bad enough behind the curtain; but to spread it abroad before the world, upon the pages of a scientific Journal, is a shame—a disgrace—a *sin* that neither tears nor repentance can wipe away. Instances of this kind have been too common with several of our otherwise worthy cotemporaries, and we have been pained to see a Medical Journal made the vehicle of scandal and abuse. We have made the Journal a receptacle of solid science and practical teachings, mixed with an occasional article for professional amusement that should serve as yeast with which to leaven the whole lump.

 While we earnestly ask a continuance of the patronage hitherto extended to us, we invite those to whom we send this number alone, to become our patrons. The price of our Journal is low, the amount being within reach of every practitioner. Those who are disposed to become subscribers, will please keep the copies now sent to them, and we will consider them as subscribers, and in due time send them the Sixth Volume. Those who decline taking it, are respectfully requested to return this number to our address, and we will promise not to bore them with another intrusion of the kind.

Again, will our old friends make a gentle effort to secure us a few new names? Such an act would not only do us a kindness, but we trust would be a favor to him whose name is added to the list of subscribers. We shall commence the next volume with better preparation and with renewed vigor and zest.

Lastly. We ask that our friends be as prompt hereafter as heretofore, except *a little more so*, in sending on the "one thing needful," we mean the pecuniary support of our Journal. Such favors are very pleasant, and are always kindly received.

STATISTICS OF EPIDEMIC DISEASES.—We would invite the special attention of our readers to the Circular of Prof. Mendenhall, Chairman of the Committee on Epidemic Diseases of Ohio, Michigan and Indiana. By taking a little pains, it is in the power of the more extensive Practitioners of Medicine in our western country to pour an amount of knowledge on these subjects into the great literary treasury of the American Medical Association that will eventu-

ate a vast amount of good to the profession and the world. No one can compute the value of statistical information, nor even conjecture its results until a very large amount has been accumulated and put into a systematic form. It is to be hoped that physicians will take a deeper interest in this matter, and so far as possible forward, in due time, to Dr. Mendenhall all the facts within their reach touching the subjects included within this following circular.

EPIDEMIC DISEASES OF OHIO, INDIANA AND MICHIGAN.

At the late meeting of the American Medical Association, the undersigned was reappointed chairman of a committee to report upon the Epidemic Diseases of Ohio, Indiana and Michigan, at the next meeting of the Association to be held in St. Louis, in May next. In fulfilling the object enjoined upon the chairman, he has appointed N. Johnson, M. D., of Cambridge City, Ind.; Z. Pitcher, M. D., of Detroit, Michigan; D. Tilden, M. D., of Sandusky, Ohio, and J. Adams Allen, M. D., of Michigan, as members of the committee. It is desirable that as complete a report as possible be made, and the co-operation of the profession in these States is therefore most earnestly requested. Information is especially desired on the following subjects:

Epidemic Cholera.	Typhus and Typhoid Fevers.
Cholera Infantum.	Hooping Cough.
Diarrhœa.	Influenza.
Dysentery.	Measles.
Erysipelas.	Scarlet Fever.
Intermittent and Remit't Fevers, Small Pox, &c.	

Any other form of disease appearing as an epidemic, will be understood as being included along with the above.

The points of greatest interest to which attention is particularly invited are, Causes giving rise to and favoring the propagation of disease or checking its progress; Prophylactics; influence of Age, sex and Nativity; Prominent Symptoms; Extent of Prevalence; Droportional Mortality; Post-mortem appearances; Treatment; Puration of individual cases of disease; and any other points that may in any way bear upon the subject, such as Soil; Geological Formations (illustrated by a map when practicable,) Natural productions; Condition as to Improvements; Water; Meteorological Observations, &c.

It is preferred that reports be made to January 1st, 1854, including the previous year. If any remarkable visitation of diseases should have occurred previously to that time, an account of them will be acceptable, carefully designating the date of occurrence.

General Medical History, also of the *changes* which have occurred in particular districts in disease since the settlement of the country, will be gladly received.

It is desirable that all reports made to the committee may be forwarded, so that they may be in the hands of the chairman by the 13th of January, 1854.

The Chairman takes this method of thanking those physicians who sent him contributions for previous years, and hopes that they may repeat them for the present year.

It is hoped that this appeal to the profession will be responded to, and that every member will feel himself called upon to contribute something to the general fund of knowledge on these subjects.

Contributions may be sent to

GEO. MENDENHALL, *Chairman*,
Cincinnati, Ohio.
Z. PITCHER, M. D., Detroit, Mich.
N. JOHNSON, M. D., Cambridge City,
Wayne Co., Ia.
D. TILDEN, M. D., Sandusky, Ohio.
J. ADAMS ALLEN, M. D. Ann Arbor,
Michigan.

P. S. The committee would respectfully solicit the aid of the County and other Medical Societies; which can be efficiently rendered by members making brief reports to the secretaries, who can condense them, and furnish the result to the committee. Especial attention is also requested to the furnishing of geological maps of counties and districts, when practicable.

We select the following from the New York Medical Gazette :

"Spiritual Rapping, moving tables, &c.—The victims of this imbecile and fraudulent delusion are multiplying all over the country. Already we hear, among the mischiefs traceable to this abominable iniquity, that twenty-nine suicides, five murders, and 297 cases of

insanity have been chronicled as its first fruits. We are happy to be assured thus far no regular or reputable *medical* man is found among either knaves or dupes. The fraternity of Homœopaths are the only pretenders to the medical character, who are identified with the imposture as believers or practitioners, and its kindred relations to their pseudo-system of folly and fraud, is signally seen in the fact that *the only clergymen* who have degraded their cloth by lending their names and influence to this "spiritual iniquity in high places," are men whose discipleship in Homœopathy is "known and read of all men." Moreover, this new delusion has infected all the dupes of animal magnetism, clairvoyance, &c., in every community, the latter folly having been mingled with, or supplanted by, the still worse invention of certain girls of Rochester, who began the spiritual knockings, and who are still making money out of the flats in New York, notwithstanding their repeated and public exposures.

The theory and practice of *table-rapping* and *table-moving* are part and parcel of the same wild and stupid knavery; and neither *electricity* nor *spirits* have any thing to do with either. Nor has any "devil," other than the diabolical women and men concerned in the blasphemous farce, any part or lot in the imposture. The *rapping* is produced by the *toes*, *feet* and *knees* of the so-called mediums; or, as in other instances, by machinery concealed in the tops and legs of the tables, or in the walls of the rooms set apart for these mysteries. Of this latter fact we have the proof in the voluntary confession of Mr. Pack, the well-known mechanic of Pearl-street, who has made a number of these "rapping-tables," and, if paid for them, advertises his willingness to make more; regarding his exposure of the imposture an exoneration of himself.

As to the "*table-moving*," there is nothing supernatural, electrical, or even mysterious, in any instance, although we have witnessed these "*phenomena*" as a spectator repeatedly, sometimes where the parties were all honest, and oftener when the fraud and collusion were apparent, and detected on the spot. A light or quartette table is frequently chosen for the purpose, which will move easily when very light pressure is made upon it *unequally* by the hands or fingers of half a dozen or more persons. The *law of gravitation*, the *attraction of cohesion*, *temperature*, added to these the *mobility* of the nerves of the parties after sitting by the hour, in a constrained posture,

waiting for some invisible and intangible power of locomotion, are adéquate to explain all the motion of tables which have any where been honestly produced. But "mediums" and peripatetic lecturers who are dishonest, resort to the arts of jugglery, deceit and fraud, employing the physical force of their own muscles, or machinery, as best suit their purposes. Such should be dealt with as the law directs, and their dupes should be taken care of by their friends."

By these remarks we would not by any means dignify the subject first displayed by the girls at Rochester, nor place it upon a level with those stupendous discoveries which have already taken their places among the unchanging sciences; but since the fallibility of human judgment has been so frequently proved, and since the frosts of forty or fifty or sixty winters, are so liable to congeal our susceptibilities to the influence of new truths, we would beseech Dr. Reese and all other *savans* to be more sparing of their anathemas, and denounce nothing but error, and that only when it is known to be such. It is true that few physicians can be counted among the believers in these strange things, and this fact is a weighty evidence in favor of their fallacy, but it does not prove them delusions. We ourself have never witnessed any successful exhibition of the kind; but we have been informed by men and women of sound minds, whose veracity is not to be questioned, that they have heard the rappings, have seen the tables moved across the room, and a variety of other phenomena for which they could not account upon laws at present understood; and now is it just, is it proper, is it compatible with the golden rule, to allege that these persons are deceivers, knaves and dupes?

We are naturally sceptical and cannot receive any doctrine or pretended discovery as true, without thorough scrutiny. Mesmerism and Clairvoyance were for many years denounced by us as *humbugs*, but by the most indubitable evidence, we were absolutely compelled to believe that truth however imperfectly understood, formed the substratum of these strange mental phenomena. How much is true and how much false, and in what the truth consists, we are not prepared to say; but of one thing we are convinced, that Mesmerists and Clairvoyants are not necessarily impostors. Cir-

cumscribed as we are, and constrained by our frail and finite powers, we are under the necessity of learning the existence of ten thousand facts upon the testimony of other observers. We are not, however, to infer from this that we are bound to believe all we hear, nor indeed are we to believe any thing new and particularly strange or apparently absurd, without the most conclusive evidence. It is doubtless difficult to steer safely between Scylla and Charybdis, and avoid unwarrantable credulity on the one hand and extremes of infidelity on the other ; and yet we are bound to do this. We *must* do it when engaged in the examination of an unexplored region wherein many things appear to us incompatible with old notions and observations. We have no right to denounce a fellow man for receiving as a truth what we do not understand or what *appears* to us contradictory to the laws of nature. "Let every man be fully persuaded in his own mind," as "every man must stand or fall to his own master."

Respecting the phenomena elicited by "Spiritual Mediums," we have little to say, as of them we *know* absolutely *nothing*. We believe, however, that there are worlds before us that have never been discovered. This is the age of improvement; and although even the lightnings are chained to the car of industry and enterprise, it is not likely that discovery has done its work. Progress is the order of the age. The restless spirit of man will yet penetrate more deeply into the universe of God and explore realms the beauties and wonders of which we have never dreamed. Whether Mesmerism, Clairvoyance, Biology, and Spiritual Manifestations, are but scintillations of undiscovered laws or states of being through the vent-openings in the curtain of our ignorance, we are not prepared to say ; but we are inclined to believe there is more in them than was ever dreamed of in the philosophy of man.

While we deplore the prevalence of any delirium, and would go as far as any one to expose and denounce fraud practised upon uninformed and unsuspecting minds, we cannot approve of the tenor of the above article in relation to "Spiritual Rapping," from the pen of the Editor of the New York Medical Gazette. That the so-called Spiritual Rappings may be and probably are delusions, and that cases of suicide are increasing, and those of insanity, as results of these singular manifestations, are fearfully multiplying all over

our land, are lamentable facts ; yet neither Dr. Reese nor any other man is absolutely certain that they are "fraudulent delusions" or that they are groundless. It is said that truth is stranger than fiction, and the discoveries of Galileo, of Jenner and Hervey, the power and utility of steam, the speed of telegraphic intelligence, and the omnipotence of chloroform to subdue pain in surgical operations, were no less wonderful nor incredible when first announced, than the "Spiritual Manifestations" are to us unbelievers. Galileo was compelled by the priesthood to renounce, for a time, his belief in the law respecting the motions of the heavenly bodies. Hervey and his coadjutors never succeeded in convincing a single individual beyond the age of forty years, of the theory of the circulation. Jenner was persecuted by the church because he had introduced vaccination, an agent which disturbed the order and contravened the arrangements of Providence, was ridiculed by the wise and ancient, and denounced by old women, because the new disease had made their children *hairy* like the vile brute beasts from which the virus was taken. We might allude to the bitterness with which the discoveries and plans of Fulton and Simpson were denounced. The application of steam to nautical and mechanical purposes, was impracticable, and anæsthesia was an unrighteous agent, as it nullified the curse upon woman, "In sorrow shalt thou bring forth children."

Negro Doctor.—James B. Barnett, a colored man, has applied for a *mandamus*, to compel the Trusees of the New York College to admit him to the profession of a physician. The affidavit for the plaintiff sets forth that Barnett is a Baccalaureate of New York University ; that he studied medicine with eminent physicians in that city, and that he was regularly matriculated and admitted to the medical and surgical cliniques of the college, and attended one regular course of lectures. At the next term he was disfranchised and expelled, because he was a person of color. The Trustees admit the facts, but justify their conduct on the ground that, by the course and usage of that Institution, persons of color are not candidates for the degree of Doctor of Medicine. The Court has reserved its decision for their further deliberation.—*St. Louis Medical and Surgical Journal.*

UNIVERSITY OF PENNSYLVANIA.—Dr. JOSEPH LEIDY, of Philadelphia, has been appointed Professor of Anatomy in this Institution, in place of Dr. Horner, deceased.

We congratulate the friends of this venerable school in the selection of one so eminently qualified to occupy the post of the lamented Horner. His talents and industry cannot fail to win and secure the admiration of those who may attend upon his teachings. *Examiner.*

Drs. MOTT, of New York, and WARREN, of Boston, have been elected members of the *Academie de Medicine*, of Paris.

The seeds of Parsley and Celery have been shown to have a decided influence over malarious fevers, although their operation is not equal to Quinine.

It is announced that the second volume of Pereira's *Materia Medica* will be arranged for publication in England this summer.

Dr. WILLIS G. EDWARDS, Professor of Chemical Medicine and Pathological Anatomy in the Medical Department of the St. Louis University, resigned his chair on the 14th of March, on account of his continued ill health and his consequent anticipated removal from the city.

PROF. BAXLEY has resigned the professorship of Surgery in the Ohio Medical College of Cincinnati.

STARK COUNTY MEDICAL SOCIETY.

This Association held their annual meeting in this place on Tuesday, the 26th ult. In the absence of the President, Dr. John Shertzer, the Vice President called the house to order, and briefly stated the business of the meeting.

On motion of Dr. A. W. Whiting,

Resolved, That the officers of this society be elected viva voce.

Carried.

The following officers were then duly chosen: President, Fred. T. Hurtxthal; Vice President, Dr. Oren Graves; Secretary, Dr. J. D. Otis.

A. Zipperlin was admitted to membership.

Drs. Hurxthal, Whiting and Otis were elected delegates to the State Medical Society. Drs. J. Shertzer, L. M. Whiting and T. C. Shreve were chosen delegates to the American Medical Society.

Several cases of much interest were reported by Drs. Slusser, Hurxthal, Shertzer and McAbee, which gave rise to a spirited discussion, in which most of the members present participated.

Drs. Slusser and Shreve were appointed to prepare a paper to be read at the next meeting of the society.

On motion, the Society adjourned to meet at Canton, on the first Tuesday in July, 1853.

Medical Examinations in London.—In a former No. of this Journal, we copied an article from a London correspondent of the Dublin Medical Press, describing the condition of the Medical profession in the English metropolis. We now give a quotation from the same source, in which the Medical examinations in London are noticed. We beg leave to commend the following extract to those who are fond of disparaging the course pursued in this country in determining the qualifications of candidates for medical degrees, by a comparison with the European customs.—*Ed. Buf. Med. Journal.*

“Examinations, particularly at the College, are notoriously a sham. Nine men, or nineteen, (so goes the story,) at present go up from Bartholomew’s, and sporting bets are laid against Mr. Guthrie that the entire batch passes. One celebrated grinder risks any sum that he will get a man who knows absolutely nothing, and pass him in three months. All oldish men pass as a matter of course; the Board, with paternal solicitude, say, ‘If this fellow does not pass and pay *us* his twenty guineas, he is sure to waste it, and practice as a quack.’ Such the moral hold of Examining Boards and Colleges on the mass of English students. King’s College men say they are ‘plucked,’ because one of their men puzzled the College itself about some ‘pin-hole’ question of the bones of the face; while the St. George’s and Guy’s men count their chances on the Examination Board with the same certainty that one counts votes on

a division in the House of Commons. Of course, in the select society of all grinders and grinding students, there are stories of this kind; but in London it pervades every thing, in the schools and museums. We were shown a common sailor who passed in one of these last batches at the college; this would be impossible in Dublin. In all this, however, we would wish to be understood as attacking *a system*, not individual members of the Board, whom we hold in highest esteem."

OBITUARY.

DIED, by the catastrophe of the New Haven Railroad, at Norwalk, May 6th:

Dr. ABEL E. PEIRSON, 65 years of age, of Salem, Massachusetts, Dr. P. was a native of Biddeford, Maine, but had resided in Salem since 1817. He was a man well known throughout the State for his scientific attainments. He was a member of the American Academy of Arts and Sciences, and, during a long and active life, had enjoyed a wide reputation as an eminent physician and surgeon, and as a public spirited citizen.

Dr. SAMUEL BEACH, of Bridgeport, Connecticut, long known in that place as a highly respectable and successful practitioner.

Dr. JOSIAH BARTLETT, of Stratham, New Hampshire, an old resident of that place, and widely known in the Eastern States, as a physician of distinguished abilities.

Dr. ARCHIBALD WELSH, of Hartford, Conn., a physician of high standing, and for many years President of the Connecticut State Medical Society.

Dr. WILLIAM C. DWIGHT, of Moscow, Livingston, Co., in this State. Dr. D. was a native of Northampton, Mass., and a nephew of the late Dr. Dwight, of Yale College. He had practised his profession in Moscow nearly thirty years, and had been one of the most eminent physicians and surgeons in Western New York. Dr. Dwight had devoted much attention to the use of Chloroform, and wrote an essay on the subject which received an honorable notice by the Committee on Prize Essays, at the meeting of the Association.

Dr. JAMES M. SMITH, about 45 years of age, of Springfield, Mass.

He was the leading physician of the place, and was as high in public esteem as a man, as he was as a physician. He was a son of the late celebrated Dr. Nathan Smith, of New Haven, so well known throughout every part of New England.

Dr. JAMES H. GRAY, about 30 years of age, also of Springfield, Mass., in which place he had secured a good practice, and was enjoying a large measure of popular favor.—*N. Y. Med. Times.*

THE COUNTRY DOCTOR.

Some of our cotemporaries pride themselves upon never quoting any thing from the "secular press;" but we have always preferred to adopt the wiser course suggested by the motto of the Southern Medical Journal—"Je prends le bien ou je la trouve"—and, in so doing, do not feel that any one's professional dignity has been injured, or any one's professional robe sullied by contact with the common herd. Acting on these principles, we give below an article from Knickerbocker, entitled "The Country Doctor, a faithful autobiography: by Glauber Saultz, M. D." Perhaps all our readers can narrate facts which surpass these; we are sure almost all can equal them; but then it is easier to laugh at another's misfortunes than our own, and "Doctor Saultz's" feelings will not be hurt if every one laughs as hard as it will answer for a dignified M. D., neither will he make a charge for this visit.—*N. Y. Med. Gaz.*

I had stumped about the country for a dozen years or so, in the same equipage, having wonderful success in curing "cases," but half the time cheated out of the credit of it by catnep tea. I took a notion to cast up my book to see how rich I was, and what could be made of outstanding accounts. It cost a great many evenings of hard work to arrive at the knowledge that, all debts being paid, I was not worth a "brass farthing"—not a red cent. Notwithstanding all the lucrative cases of typhus which I had managed, I remained poor. I believe that the people in the city pay their fees with alacrity, because the charges are exorbitant. When a bill for a hundred dollars, for looking two or three times at a sick child, is presented to one who lives in a well furnished house in the upper part of the town, the very largeness of the demand is a delicate compliment upon his ability to pay. The man of the house sits down at a handsome secretary, and draws out a clean check for the full amount, saying, "Doctor, you are very moderate: now that Jackey is out of the woods, come in, in a sociable way."

As soon as the messenger is gone, the *pater-familias* exclaims, "What an outrageous bill! It is an expensive luxury to be sick."

However, it has its advantages to be attended by a fashionable doctor, as it has to worship in a fashionable church. On one occasion I was called in midsummer to attend a sick man on the sea-shore. After several days, his family physician, the renowned Doctor Jallaps, arrived from the city, and the patient was soon after on his legs, no thanks to me, and ready for the surf.

"How much are you going to charge him?" said Doctor Jallaps.

"Twenty-five dollars," said I.

"Poh!" said he, "make it a hundred. He expects it."

"If he expects it," said I, "it would give me great pain to disappoint his expectations;" whereupon I acted advisedly, and received an honored check for a round C. on the Phoenix Bank.

On another occasion, when attending one of my own patients in the same vicinity, while crossing the "big bridge" when the tide was up, I came near being drowned. My sulky was soon afloat, but the horse, being a good swimmer, reached the opposite bank. Now, besides risking my own life, I fairly dragged the patient from the very gates of death. I got him out of a bilious remittent, drove the jaundice out of his skin, and when I came to ask him for ten dollars, he blackguarded me like a chicken-stealer, and would never employ me again. The fact is, that people in the country abhor taxes, and a doctor is the worst of publicans. To be sick they think is a dead loss, which they unchristianly grumble at; but to have to pay for being cured, irritates them beyond measure. Oh! how meek they are when they lie prostrate in a burning fever—when their teeth chatter, and the whole house jars with their shaking ague! Oh! how welcome the latch is lifted up to admit you when life seems to hang upon a hair! But get them on their legs, and the first they forget will be that they were ever on their backs. If many of them do pay you, it is under protest, procrastinating the settlement to a time when the amount might be outlawed, clipping down the fair proportions of a just bill, and giving you the most ragged representative of money.

I say that when I came to overhaul my accounts, I was not worth anything, and therefore arrived at the conclusion that it was high time to marry a wife who would take care of my money. I did so, and found my condition better, but for some years had a hard time of it. My children were extremely pettish and peevish, and what with nocturnal calls, I had not a night's rest for five years. If anything ailed them, they were sure to cry the night long; but if they were well, they woke up long before the crowing of the cock, climbing over me at the very moment when I had composed my head for a short morning nap. But paternal philosophy can well be reconciled to the sweet music of "crying babes," some thousands of which have been imported into New York during the present year. But the number of people taken sick in the day-time, who send for the doctor at night, produced a compound fracture of my time, which seldom gave me a comatose state. It is the sweetest of all consolations to lay a weary head upon the pillow, with the thought

that rest awaits you until the dawning light. Whatever carking cares have vexed you, that is a long season of immunity which stretches through the dark hours of the night. Then do the strained muscles lapse into the most easy attitudes in the yielding couch, and the taxed intellect is still, and you bolt the door on ingratitude and strife.

But to lie down without security from disturbance is enough to frighten away sleep. Such is the lot of a country doctor. I could relate innumerable instances of the utter disregard with which he is routed from his bed, without occasion, at all hours. Here is one in point :

I arrived late one winter evening at my own door, after a hard day's toil. With what a feeling of relaxation did I divest my feet of heavy boots, set them smoking at the fire, and then regale them in easy slippers ! Then, wrapping about me a soft padded gown, with what luxury did I fall back in my arm chair, peruse the daily paper, and sip a cup of tea ! " Now," said I, " the labors of the day are over. A storm is brewing out of doors. I hope that nobody will come here to-night. If they do, I won't go. Let them go after Bogardus. I won't immolate myself for anybody. It is unreasonable." With that I pulled down my ledger and made a note of the day's visits, one half of which were to poor houses, negro huts, and Irish shanties. As to this class, they loved me like a brother, and their confidence in me was unbounded. They sent for me if their bones ached, or if their corns hurt them, and I went with all speed, though I sometimes had occasion to scold them. Before retiring for the night, I opened the outer door, as was my custom, to see the state of the weather. It was a tremendous night. The moon shone palely, but the wind blew a hurricane. It rained, it hailed, it snowed, it blowed. I thought again of the poor mariners on the coast, and with a silent prayer for them, and all houseless, unprotected ones, I closed the door, and went to bed. I had just recovered from the shivering sensation of cold sheets, and become conscious of grateful warmth, while that delightful drowsiness which borders upon sound sleep stole over me, when there came a knocking, impatiently repeated, enough to wake the dead. " Bless me !" I groaned out, crawling out of bed, and lifting the sash, " what do, you want ?"

" Doctor, want you to come right straight away off to Bank's. His child's dead."

" Then why do you come ?"

" He's p'isoned. They gin him laud'num for paregoricky."

" How much have they given him ?"

" Dono. A great deal. Think he won't get over it."

" When did they give it to him ?"

" This arternoon."

" Why didn't you come sooner ? How do you think I am to go two miles on such a night ? Have you brought a wagon ?"

" No."

" Then I won't go. Tell them to —— ;" and having prescribed hastily out of the windows, I closed the sash, and went back

to bed. But the howling wind and rattling sleet against the panes had not that soothing effect which they have to one who lies snug and warm and irresponsible in his couch. "What," said I, "if that child should die through my neglect? Will it absolve me from criminality because the parents are poor? I will go: I must. With that I leaped out again, kindled a match, and went down into my office. Not choosing to wake my man Flummery, or to disturb my old horse, who was craunching his oats, and housed for the night, I took my stick, and set out to walk. The snow water went through my shoes like a sieve; my neck and bosom were instantly covered with sleet. Nevertheless, I had some humorous thoughts while breasting the storm, and composed a Latin distich by the way. I had just got the last foot of the pentameter correct, when my own foot struck against something which looked like a black log. On scrutiny, by the light of the moon, I found it to be my old patient, Timmy Timmons, apparently sound asleep, with his beloved rum-jug by his side. In vain I shook him, to make him aware of his situation, and see if the spirit had left his body. I shook the rum-jug, but there was no spirit there, not a drop. "Timmy," said I, "wake up." No answer. I then kicked him, but he bore it as if he had been used to kicks. "He is dead," said I, and passed on to the next house. There, while opening the gate, I was fiercely attacked by a stout bull-dog; and while keeping him off, and fighting my way up to the house, the master came out in his shirt-tail with a loaded gun. "Don't you know me?" said I, as he examined the priming; "it is the doctor."

"Souls alive!" responded he; "I thought it was a thief! I'm glad you spoke when you did. In a minute more I should have popped you over, Doc'. Sorry to do that. My son John's got the fever-aig. Here, Bull, Bull, Bull, Bull!—g'home, sir!"

"Timmy Timmons," said I "is lying out in the lane, drunk or dead, I don't know which; dead drunk, at any rate. He must be looked after."

"Wait till I put on my breeches. What a wonnerful night! Won't you come in and git warm?"

"No: get on your breeches, and make haste."

"Guy! when I first heerd you, I thought it was Lawrence comin' to break house. He's a desput fellow. So I gets up and looks out o' the window, and then I went into the corner to find my gun, and if I didn't——"

"Come. come; do you want——"

"To get the rheumatiz? No, I don't. Hold on, Doctor; be down in one minute."

We returned to the congealed Timmons. My coadjutor took up the jug, shook it, and said, "Not a drop." He then smelt it.

"It is rum," said I, "the cause of all this misery."

"No, Doctor, not *all* rum; there's been a little *molasses* into the jug, by the smell of it."

"Lift him up," I said. He did so, and carried his burthen home, where I brought Timmy to life.

I now trudged on upon my original errand, hoping to save another life more valuable than that of Timmons. Arrived at the house, I perceived it shut up as if hermetically sealed. Not a light was to be seen. I knocked furiously, and at last a night-cap appeared from the chamber window, and a woman's voice squeaked out, "Who's there?"

"The doctor, to be sure," said I; "you sent for him. What the dogs is the matter?"

"Oh, its *no* matter, Doctor. Ephraim's better. We got a little *skeered*, kind of. Gin him laud'num, and he slept kind o' sound, but he's woke up now."

"How much laudanum did he swallow?"

"Only two drops," said she. "T as'n't hurt him none. Wunnerful bad storm to-night!"

I buttoned my coat up to my throat, turned upon my heel, and tried to whistle.

"Doctor, Doctor."

"What do you want?"

"You won't charge nothin' for this visit, will you?"

Now, as I traveled back on foot, the moon became obscured, the driving sleet blinded the eyes, I heard the Atlantic breakers booming and beating upon the coast; and with head down like a bul-rush, I arrived at my own door, wet and disconsolate, saying to myself, "THAT LITTLE PLANT CALLED PATIENCE DOES NOT GROW IN EVERY GARDEN."

PROFESSOR GROSS'S DISCOURSE ON THE "LIFE, CHARACTER AND SERVICES OF DANIEL DRAKE.—Nothing, perhaps, could be more appropriate than that Prof. Gross should prepare a discourse upon the life, character, and services of the late Professor Drake. Dr. Drake was an extraordinary man—a luminary of the first magnitude in the galaxy of his profession, and a distinguished citizen of this great republic. There is not a literary man in the country, not a tyro in our profession, that does not know and revere the name of Daniel Drake, who died on the 6th of November, 1852. It is meet, after the demise of such a man, that his life and character should be noticed in an appropriate manner, by a surviving friend, whose talents and familiarity with the deceased were such as to enable him to do justice to his great subject. By common consent Prof. Gross is that friend, and we have before us the "Discourse," which is equally worthy the distinguished author and its renowned subject.

Were it compatible with the limits and object of our Journal, we should not hesitate to republish the entire discourse, but containing, as it does, 92 pages, its great length forbids. We cannot refrain, however, from extracting liberally from its pages, partly to illustrate the power of the author's pen, but more particularly to give the reader the pleasure of perusing a few interesting passages in the life of our late beloved countryman. Alluding to Dr. Drake's last visit to Louisville and the termination of his existence, Prof. Gross remarks :

“ At a meeting in this city, on the 21st of October, of the Kentucky State Medical Society, whose honored guest he was, he looked so well that every one was struck with the circumstance ; and at the anniversary supper, two evenings afterwards, he responded, in terms of glowing eloquence, to a complimentary toast. On the following morning, with steps that were never more light, and spirits that were never more buoyant, he called upon a number of his friends, as well as upon his former colleagues in this University, prior to the departure of the Cincinnati packet, which was to convey him, as it proved, for the last time, upon the bosom of the Ohio. Little did we think, as we shook hands, that we had met together for the last time, and that the separation which was about to take place was to be forever. How little does man know the future, how incompetent is he to lift the veil which screens him from his destiny ! It was only a few hours before his departure that he paid his respects to one of his colleagues,* who still lingers among us, bowed down by the frosts and labors of more than eighty winters. While sitting with him, and rapidly talking over the topics of the day, he was painfully impressed with the changes which time and disease had wrought upon him since their last interview, and on returning soon after, to his lodgings, he could not refrain from mentioning the circumstance to a female friend, and expressing his conviction that he should never again behold him. Strange prophecy ! The one still lives, clinging, like an ancient and venerable ivy, to the tree of time, while the other, many years his junior, lies cold and silent in the winding-sheet of death.

The wanderer is not long in performing his journey. A few hours

*Dr. Caldwell.

are sufficient to restore him to his home and to the bosom of his children and grand-children, who, as they see his familiar face, cluster around him, welcoming him with their smiles and their affection. He has finished his last journey on earth; he has gazed for the last time upon the beautiful scenery of his beloved Ohio, enhanced a thousand fold by the Great Portrait Painter and Chemist of Nature. Never did the foliage of the forest, adorned and diversified by the endless and ever-changing tints of autumn, present itself in so attractive and resplendent a form. As he looked upon it, his mind involuntarily recurred to the period of his childhood, when, surrounded by his parents, his brothers and sisters, he dwelt in the wilds of Kentucky, with nothing but trees, birds, squirrels, and wild flowers, for his playmates and companions. The scene revived in him the recollection of early struggles, his hopes, and aspirations, and, perhaps, admonished him, as he silently connected the present with the past, that the "sear and yellow leaf of autumn" is a fit emblem of man's mortality, and of the evanescent, transitory character of his earthly existence.

"His couch that night knows no repose; the hand of disease is laid heavily upon his brow, and to morrow's sun finds him weary and unrefreshed. Thus a few days are passed, the enemy now receding, and now advancing, until, at length, it is but too evident to both patient and friends that the hour of convalescence, if it is ever to come, is far off. Gradually but steadily the destroyer progresses in his work, making sure and fearful inroads upon the system; great debility ensues; the brain is no longer capable of shedding its wonted light; thought flows sluggishly and reluctantly; speech has lost its facility of utterance; and the sufferer is oppressed by a sense of annihilation, indescribable and overwhelming, and attended with the most terrible despondency. He still sees and talks, but is hardly able to think or feel! Rousing himself from his lethargy, he beckons to one near and dear to him, and speaks to him of the unfinished condition of his great work, saying that his only ambition was to complete it, and expressing a hope that God might spare him for that end. Again he relapses into a state of torpor; his agony is so intense that he prays to be released; he has no longer any desire to live; all schemes of ambition, even the wish to finish his work, have

passed from his mind ; his soul was chastened and purified , God has taught him the folly of earthly hopes, and the vanity of all human expectations. While the mind and body are thus oppressed and palsied, unstrung and tortured, the soul is buoyed up with hope and joy, and clings with pertinacious tenacity to its Saviour. "Every nerve is strung to the utmost to hold Him fast."

"All of a sudden the sufferer expresses himself better ; he experiences "temporary relief," an anodyne draught is administered, and presently he falls into a sleep so sweet and natural that the watchers think of approaching convalescence. Vain and delusive hope ! The sleep "so sweet and natural" is the sleep of death ; life is flickering in its socket, and just before it is extinguished, the eyes once more open and beam with an unearthly radiance, as the sun sometimes after a cloudy day suddenly bursts through the mist, and illumines for an instant the horizon before he finally sinks into the dark shades of night. The spirit had fled so gently and so softly that the precise moment of its departure was hardly perceptible. The silver chord was loosed, the golden bowl was broken, the duty of watchers and physicians was over, and the mourners went about the streets."

We perused the following description of Drake's parentage and early poverty, with the deepest interest, as it shows what difficulties a man with *mind* and *will* can surmount :

"The log-cabin of that day, the residence of the Drake family, constituted an interesting feature of the landscape. As the name implies, it was built of logs, generally unhewn, with a puncheon floor below, and a clap-board floor above, a small square window without glass, a chimney of "cats and clay," and a coarse roof. It consisted generally of one apartment, which served as a sitting-room, dormitory, and kitchen.

"The ancestors of Dr. Drake were poor, illiterate and unknown to fame ; but they possessed the great merit of being industrious, honest, temperate, and pious. To spring from such ancestors, is, as he justly observes, high descent in the sight of Heaven, if not in the estimation of man. Both his grand-fathers lived in the very midst of the battle-scenes of the revolution : one of them, Shotwell, was a member of the Society of Friends, and was, of course, a non-com-

batant, while the other, who had no such scruples, was frequently engaged in the partizan warfare of his native State. The father of Dr. Drake died at Cincinnati in 1832, and the mother in 1831 ; both at an advance age.

“ It was at Mays Lick, amidst the people whom I have described, that young Drake spent the first fifteen years of his life, performing such labors as the exigencies of his family demanded. In the winter months, generally from November till March, he was sent to school, distant, usually, about two miles from his father’s cabin, while during the remainder of the year, he worked upon the farm, attending to the cattle, tilling the soil, and clearing the forest, an occupation in which he always took great delight.

“ But the settlement of Mays Lick was not without its charms and enjoyments. To the young and imaginative mind of Drake, every little spot in the landscape was invested with peculiar beauty and interest. What to an ordinary observer was barren and unattractive, was to him a source of never-failing gratification. In the spring and summer the surface of the earth was carpeted with the richest verdure, and embellished with myriads of wild-flowers which while they rendered the air redolent with fragrance, delighted the eye with their innumerable variety. The trees, those mighty denizens of the forest, were clothed in their most majestic garb, adding beauty and grandeur to the scene, enlivened by the music of birds, which thronged the woods, and constituted, along with the merry and frolicsome squirrel, the familiar companion of the early settler. ‘ Their notes made symphony with the winds, as they played upon the green leaves, and awakened melody as when the rays of the sun fell upon the harp of Memnon, but more real, and better for the young heart.’ ”

The following is not a little amusing description of his early school house and father’s library :

“ His first teacher was a man from the ‘ Eastern Shore ’ of Maryland, an ample exponent of the state of society in that benighted region. The school house in which he was educated was fifteen by twenty feet in its dimensions, and one story high, with a wooden chimney, a puncheon floor, and a door with a latch and string. In the winter, light was admitted through oiled paper, by long openings

between the logs. Glass was not to be obtained. The ordinary fee for tuition was fifteen shillings a quarter.

“His father’s library was not, as might be supposed, either large or diversified. It was, more properly speaking, select. It consisted of a family Bible, Rippon’s Hymns, Watts’ Hymns for children, the Pilgrim’s Progress, an old romance of the days of Knight Errantry, primers, with a plate representing John Rogers at the stake, spelling books, an arithmetic, and an almanac for the new year. As he grew up, he met with Guthrie’s Grammar of Geography, Entick’s Dictionary, Scott’s Lessons, Æsop’s Fables, the Life of Franklin, and Lord Chesterfield’s Letters to his son, the latter of which, especially, he greatly prized. A newspaper at that day was a rarity. The first one ever published in Kentucky, was issued at Lexington in 1787, the year before the emigration of the Drake family. It was called the the Kentucky Gazette, and was edited by John Bradford. Nearly ten years afterwards, another, the Palladium, was established at Washington, four miles off, and of this, a number occasionally fell into the boy’s hands, always affording him much gratification.”

The following passage is beautiful :

“Thus it will be seen that his alma mater was the forest ; his teacher, nature ; his class-mates, birds, and squirrels, and wild flowers. Until the commencement of his sixteenth year, when he left home to study medicine, he had never been beyond the confines of the settlement at Mays Lick, and it was not until his twentieth year, when he went to Philadelphia to attend lectures, that he saw a large city. The ‘ Queen of the West,’ as Cincinnati has since been styled, was then a mere hamlet, with hardly a few thousand inhabitants. Kentucky, at that early day, had but one University, and although it was scarcely fifty miles from his door, his father was too poor to send him thither.

“It was to this spot, after the lapse of nearly half a century, that the boy, now in the evening of his full and perfect manhood, turns his longing eye, anxious once more to behold the home of his early childhood. He stands before the lone and primitive cabin of his father, in which used to dwell all that were near and dear to him ; the latch string is off the door ; the hearth no longer emits its accustomed light and heat ; weeds and briars grow around and ob-

struct the entrance ; no familiar voices are heard to greet and welcome the stranger ; all is still and silent as the grave in the God's acre close by. The birds no longer salute him with their merry music ; the squirrel, whose gambols he was wont to watch with such peculiar fondness when a boy, is no longer there ; even the tall and weather-beaten elm no longer greets him with his presence. All around is silence and desolation. Upon the 'door cheeks' of his cabin he discovers the initials of his own name, which he had inscribed there with his rude pen-knife fifty years before, silent witnesses of the past, reluctant to be effaced by time. As he looked around, and surveyed the changes which half a century had wrought in the landscape before him, a feeling of awe and melancholy, unutterable and indescribable, seized his soul, and the sage of three score years, the medical philosopher, the acknowledged head of his profession in the great Valley of the Mississippi, was instantly transmuted into the boy of fifteen. Every feeling was unmanned, and tears, warm and burning, gushed from the fountains of his soul. The whole scene of his childhood was vividly before him ; the manly form of his father ; the meek and gentle features of his mother ; the light and sportive figures of his brothers and sisters, stood forth in bold relief, and painfully reminded him of the vanity and instability of all earthly things. Of the whole family group, eight in number, which was wont to assemble around the bright and burning hearth, only one, beside himself, remained to visit that tenantless and desolate friend of his childhood."

The student of medicine of the present day will be able to contrast Dr. Drake's with his own.

"During his pupilage, young Drake performed, with alacrity and fidelity, all the various duties which, at that early period of the West, usually devolved on medical students. His business was not only to study his preceptor's books, but to compound his prescriptions, to attend to the shop or office, and, as he advanced in knowledge, to assist in practice. The first task assigned him, was to read Quincy's Dispensatory and grind quicksilver into mercurial ointment ; the latter of which as he quaintly remarks,* he found, from previous practice on a Kentucky hand-mill, much the easier of the

* Dr. Drake's Discourses before the Cincinnati Med. Lib. Ass., p. 56, 1852

two. Subsequently, and by degrees, he studied Cheselnen on the Bones and Innes on the Muscles, Boerhaave and Van Swieten's Commentaries, Chaptal's Chemistry, Cullen's *Materia Medica*, and Haller's Physiology. These works constituted, at that time, the text-books of medical students, and the custom with many was to commit to memory the greater portion of their contents."

"Those who knew the eccentricities of Dr. Drake will have no difficulty in believing the following amusing anecdote :

In 1819, Dr. Drake founded, at Cincinnati, the Medical College of Ohio, and Immediately afterwards formed a Faculty, he himself taking the Chair of Medicine. A course of lectures was delivered to a small class of students, but misunderstandings soon sprung up, and Dr. Drake was expelled from the school by two of his colleagues, he himself being the presiding officer on the occasion."

The manner and peculiarity of Dr. Drake as a teacher, are admirably described as follows :

"No where did this intensity exhibit itself in a more striking manner, or in a greater degree, than in the lecture room. It was here, surrounded by his pupils, that he displayed it with peculiar force and emphasis. As he spoke to them, from day to day, respecting the great truths of medical doctrine and medical science, he produced an effect upon his young disciples, such as few teachers are capable of creating. *His words dropped hot and burning* from his lips, as the *lava falls from the burning crater*; enkindling the fire of enthusiasm in his pupils, and carrying them away in total forgetfulness of everything, save the all-absorbing topic under discussion. They will never forget the ardor and the animation which he infused into his discourses, however dry, and uninviting the subject; how he enchained their attention, and how, by his skill and address, he lightened the tedium of the class-room. No teacher ever knew better how to enliven his auditors, at one time with glowing bursts of eloquence, at another with the sallies of wit, now with a startling pun, and anon with the recital of an apt and amusing anecdote; eliciting, on the one hand, their admiration for his varied intellectual riches, and, on the other, their respect and veneration for his extraordinary abilities as an expounder of the great and fundamental principles of medical science. His gestures, never graceful, some-

times eminently awkward ; the peculiar incurvation of his body ; nay, the very *drawl* in which he frequently gave expression to his ideas ; all denoted the burning fire within, and served to impart force and vigor to everything which he uttered from the rostrum. Of all the medical teachers whom I have ever heard, he was the most forcible and eloquent. His voice was remarkably clear and distinct, and so powerful that when the windows of the lecture-room were open, it could be heard at a great distance. He sometimes read his discourse, but generally he ascended the rostrum without note or scrip.

“His earnest manner often reminded me of that of an old and venerable methodist preacher, whose ministrations I was wont to attend in my early boyhood. In addressing the Throne of Grace, he seemed always to be wrestling with the Lord for a blessing upon his people, in a way so ardent and zealous as to inspire the idea that he was determined to obtain what he asked.”

Respecting Dr. Drake's connexion with the Ohio Medical College, Prof. Gross justly remarks :

“His early associations in medical schools, particularly in the Medical College of Ohio, his first and last love, were unfortunate, and exerted for a long time, if not, indeed, during the rest of his life, an unhappy influence upon his reputation as a quiet and peaceable man. Many of his colleagues were ordinary individuals, either wholly unfit for the duties assigned to them by the nature of their chairs, or, at all events, ill calculated to aid in building up a great and flourishing school. Misconceptions, misrepresentations, and, finally, bitter and unrelenting quarrels were the consequence of this connection, which, from the attitude in which he was always placed as the prominent party, generally fell with the severest effect upon Dr. Drake. Thus he was made to occupy before the profession and the public a false position, and obliged to act a part which did not naturally belong to him. It seems to have been a principle with him, at this period of his life, never to allow a charge uttered by an assailant against his character to pass unnoticed or unrebuked. So frequent were these missives, that, at length, even some of his warmest and most intimate friends were disposed to look upon him as a bitter and unrelenting controversialist. Nothing, however, could

have been more unjust. His great error was that he was morbidly sensitive, and that he permitted himself to be annoyed by every puff of wind that swept across his path. Baseness and malignity never entered his character. In all his difficulties and troubles, growing out of his early professional relations, I know not a solitary one in which he had not strict justice on his side. Nature and art had combined to give him powerful weapons, and no man better understood how to use them against the assaults of his enemies."

In our extracts we intentionally avoided those portions of the address which refer to his professional career. We could not do justice to this subject without occupying more space than we have to appropriate. In conclusion, Prof. Gross very truthfully remarks :

"I have endeavored to present a true picture of his character, and to speak of him as he was, and as he exhibited himself to us in his 'daily walk and conversation.' I have not indulged in panegyric, or fulsome eulogy. It has not been my object to weave a chaplet for his brow, an office of which he does not stand in need ; but to drop upon his grave, still fresh with the sod that covers it, a sprig of gnaphalium, as an emblem alike of our affection, and of his immortality upon earth."

INDIANA HOSPITAL FOR THE INSANE, AND ITS SUPERINTENDENT.—The Annual Report of the Commissioners and Superintendent of the Indiana Hospital for the Insane, for the year 1852, is before us.

This noble State Charity has been, from its first organization, under the medical superintendence of our friend, R. J. Patterson, M. D., formerly Senior Assistant Physician to the Ohio Lunatic Asylum.

Few public Institutions, if any, in our country, have transcended more substantial obstacles, or been conducted with greater skill and ability, professional and financial, than this. Its results, as shown by official reports of the Commissioners and Superintendent, are most cheering, and complimentary to those who have directed its affairs, and the people of Indiana have expressed themselves, through their legally constituted Board of Trustees, as more than satisfied with its condition and management.

The Superintendent, Dr. Patterson, after having devoted ten years of his professional life to the care and treatment of the insane, has resigned his place in the Indiana Hospital, for the purpose of engaging in the general practice of his profession in this city. This he has long desired to do. And though he cannot well be spared from the specialty in which he has so long and so successfully labored, we, in company with his old friends here, extend to him a cordial welcome, and predict for him a career of success and usefulness in the profession of his early choice.

A PRACTICAL TREATISE ON DENTAL MEDICINE.—Being a compendium of Medical Science, as connected with the Study of Dental Surgery, to which is appended an inquiry into the use of Chloroform and other anæsthetic agents. Second edition, revised, corrected, and enlarged. By Thomas E. Bond, A. M., M. D., Prof. of Special Pathology, &c., in the Baltimore College of Dental Surgery; 8vo. pp. 336. Lindsay & Blakiston. 1852.

Although physicians are not generally Dentists, yet a few practice the art of Dentistry to some extent, partly from interest and partly to accommodate their friends who are not in the immediate neighborhood of a professional Dentist. Every practitioner is liable to be called upon to perform operations upon the teeth, the jaws, and contiguous parts, consequently every physician should become acquainted with Dental Pathology, or the diseases and morbid relations of the teeth. As few of our surgical works bestow more than a passing notice upon this important subject, we are under the necessity of seeking for special works for its elucidation. Fortunately we are provided with them, and the one before us is a work of no ordinary merit. The author, in his peculiarly felicitous style, discourses, in a masterly manner, the science or principles of Dental Surgery, which are of course identical with the principles of general pathology and general surgery, and then he gives us a full and clear account of the special diseases pertaining to this section of human maladies. Although we have not read the work thoroughly through, we have read enough to convince us that it is one of the best works extant upon this subject, and very well adapted to the consideration of the physician as well as the dentist.

For sale by J. H. Riley & Co.

THE PRINCIPLES OF BOTANY, as exemplified in the *Cryptogamia*. For the use of Schools and Colleges. By Harland Coultar. 12mo, pp. 95. Philadelphia. Lindsay & Blakiston. 1853.

This is a very neat little volume, devoted to the elucidation of the first principles or elements of Botany, as displayed in a class of plants which have no sexual organs, or none visible to the naked eye. The structure of the mosses, ferns, &c., are exceedingly simple, and on that account they are beautifully adapted to the plan of the author. The book is illustrated with a variety of wood-cuts to simplify and render more impressive the descriptions in the text. Those wishing to pursue the science of Botany, will not fail to procure this invaluable aid to a correct understanding of the anatomy and physiology of plants.

For sale by J. H. Riley & Co.

Rare Case of Monstrosity.

MIDWAY, June 23, 1853.

DR. HOWARD: DEAR SIR—I transmit for publication in your valuable journal a remarkable *Lusus Naturæ* that occurred in my practice, if you think it worthy.

I was called to see Mrs. G. on the 11th day of Feb. last, and found her seven months advanced in pregnancy, and attended with all the symptoms of labor. In about thirty minutes, I delivered her of a living and well-formed female child, that survived four hours. I soon ascertained that there was another child in utero, with the feet presenting. I applied a moderate force to them, but finding the child not advancing any, I made further search to ascertain the cause, and found the feet of another child, (as I supposed,) but by continuing the examination, I discovered the pelvis and abdomen of two children, united together at the umbilicus. I seized all four of the feet, and during an active pain, applied considerable force to them, and in about twenty minutes delivered a child that presented the following appearance: The head was composed of two occipital bones, united to two parietal bones, and one frontal bone. It had one face, and but one neck,

with four ears, one on each side of the head, at the usual point of the ossa-temprium, and the other two situated at the inferior portion and junction of the occipital bones, and contiguous to each other. It had two vertebral columns, with one occipital bone resting on each cervical portion. It had four shoulders, with as many arms and hands, with all of the bones and phalanges, and articulations, presenting a normal appearance. The body presented a normal appearance, (except the projection made by the additional shoulders,) down to the umbilicus; from that point down it presented the bodies of two children, with their abdomens separated about two inches, with an anus, and female organs of generation attached to each pelvis. It had two legs, and as many feet, attached to each pelvis, with all the bones and articulations in a normal connection, and when placed upon its feet, it presented the appearance of two children embracing each other, with the face presenting a lateral view.

This monster weighed 4 pounds, and breathed 45 minutes. I could plainly feel a pulsation under each nipple; also at each wrist, which induced me to believe that all of the internal organs were double. What was the relative situation of respiratory and circulatory organs, as well as the digestive?

M. LEMON.



